ORIGIN ID:VLDA (229) 472-5759 KUCK BAXTER IMMIGRATION LLC 124 S BURWELL AVE

SHIP DATE: 09DEC21 ACTWGT: 0.01 LB CAD: 112691497/WSXI3600

BILL SENCER

56DJ3/E934/FE4A

ADEL, GA 31620 BILL SENCEI

O U.S.C.I.S. VERMONT SERVICE CENTER

ATTN: I-918 ESSEX JUNCTION VT 05479 (229) 472-5759 REF: 38 RIVER RD



FRI - 10 DEC 1:00P PRIORITY OVERNIGHT

05479

EFKA

VT-US BTV

FedEx 146525 Rev. 1/19 RRDO 20 ::::



ELIZABETH MATHERNE

E-MAIL:EMATHERNE@IMMIGRATION.NET

December 7, 2021

VIA PRIORITY MAIL

U.S. Citizenship and Immigration Services Vermont Service Center Attn: I-918 38 River Road Essex Junction, VT 05479-0001

RE: Form I-918, Petition for U Nonimmigrant Status

Principal Applicant: Ms. Luz Palma Ozuna **Derivative Applicant: Jonathan Palma Ozuna**

Dear Sir or Madam:

In connection with the Petition for U Nonimmigrant Status on behalf of Ms. Luz Palma Ozuna, we enclose the following documents:

- 1. Form G-28; Notice of Appearance as Attorney or Representative;
- 2. Form I-918, Petition for U Nonimmigrant Status, with two passport style photos;
- 3. Form I-918, Supplement B, U Nonimmigrant Certification and police reports;
- 4. **Form I-918**, Supplement A, Petition for Qualifying Family member of U-1 Recipient, with two passport style photos;
- 5. **Form I-765**, Application for Employment Authorization, with required filing fee of \$410.00 for Derivative Applicant; and
- **6.** Addendum listing documentation supporting the petition, with originals and/or photocopies attached thereto.

Ms. Luz Palma Ozuna (Applicant) is a citizen and native of Mexico, was born on December 15, 1981 in Acapulco de Juarez, Guerrero. See <u>Exhibit 1</u> (Applicant's birth certificate). Ms. Palma Ozuna first entered the United States without inspection in or around 2003 in or around Arizona. She has lived in the United States ever since. Ms. Palma Ozuna presently resides at 602 Summit Pointe Way, Atlanta, GA 30329.

▼ 365 Northridge Road Suite 300 365 Northrige Road 30350 Suite 300 4-816-8611 Atlanta, Georgia 30350 ■ 404-816-8615 P (404) 816-8611



On Tuesday August 25, 2020, in Panama city beach Ms. Palma Ozuna daughter (Evelen Arredando) was molested by her aunt's significant other at the time. The applicant's daughter had gone on a weekend getaway with her aunt, her cousin and her aunt's partner. While Ms. Palma Ozuna daughter was asleep in their hotel room, the offender (Manuel Hernandez) stated inappropriately touching Ms. Palma Ozuna daughter as she slept. Evelen immediately woke up and ran off to call her mother to inform her of what was happening and to come rescue her. Ms. Palma Ozuna who was staying at a hotel nearby rushed over to her daughter and called 911. Mr. Maunel Hernandez was promptly arrested and charged with Lewd/Lascivious molestation. See attached police reports. Under Florida Statute 800.04(5), the crime of Lewd or Lascivious Molestation is committed when a person intentionally touches the breasts, genitals, or buttocks of a child younger than 16 in a lewd or lascivious manner; or encourages, forces, or entices a child younger than 16 to touch another person in a lewd or lascivious manner.

In an effort to describe the events of August 25, 2020, Ms. Palma Ozuna prepared the attached notarized personal statement as well as documents from her daughter's counselling sessions for the past year.

Ms. Palma Ozuna adolescent daughter was the victim of "Lewd or Lascivious Molestation" within the meaning of 8 CFR § 214.14. Victim of qualifying criminal activity is defined as "...an alien who has suffered direct or proximate harm as a result of the commission of qualifying criminal activity." See 8 CFR § 214.14(a)(14).

Qualifying crime or qualifying criminal activity includes the following or any similar activities in violation of Federal, State or local criminal law of the United States: "Rape; torture; trafficking; incest; domestic violence, sexual assault; abusive sexual contact; prostitution; sexual exploitation; female genital mutilation; being held hostage; peonage; involuntary servitude; slave trade; kidnapping; abduction; unlawful criminal restraint; false imprisonment; blackmail; extortion; manslaughter; murder; felonious assault; witness tampering; obstruction of justice; perjury; or attempt, conspiracy or solicitation to commit any of the above mentioned crimes." See 8 CFR § 214.14(a)(9).

An alien is eligible for U-1 nonimmigrant status if he or she demonstrates all of the following:

- 1) "The alien has suffered substantial physical or mental abuse as a result of having been a victim of qualifying criminal activity." 8 CFR § 214.14(b)(1)
- 2) "The alien possesses credible and reliable information establishing that he or she has knowledge of the details concerning the qualifying criminal activity upon which his or her petition is based." 8 CFR §214.14(b)(2).
- 3) "The alien has been helpful, is being helpful, or is likely to be helpful to a certifying agency in the investigation or prosecution of the qualifying criminal



- activity upon which his or her petition is based, and since the initiation of cooperation, has not refused or failed to provide information and assistance reasonably requested." 8 CFR §214.14(b)(3).
- 4) "The qualifying criminal activity occurred in the United States (including Indian country and U.S. military installations) or in the territories or possessions of the United States or violated a U.S. federal law that provides for extraterritorial jurisdiction to prosecute the offense in a U.S. federal court." 8 CFR §214.14(b)(4).

The evidence hereto presented makes clear that Ms. Palma Ozuna and her derivative applicant meet all of the above-listed criteria for U-1 nonimmigrant status. They have suffered substantial mental and emotional trauma because of the assault on Evelen Palam that occurred on August 25, 2020, during which her aunt's ex-boyfriend, Mr. Hernandez sexually assaulted her while she slept. Ms. Palma Ozuna and her family cooperated with law enforcement and prosecutors and, as the U-Visa Certification indicates, she consented to being interviewed and appearing in court. See Form I-918 Supplement B. Their cooperation resulted in a plea of Nolo Contest from Mr. Hernandez on the two counts of Lewd or Lascivious Molestation (See Sentencing Order). He was sentenced to prison in the state of Florida. Lastly, the criminal activity clearly occurred within the United States.

Ms. Palma Ozuna has never been prosecuted or convicted for any criminal offense. On December 4, 2011, she was arrested for the offense of "Battery" in Atlanta, Georgia after an altercation between her and a co-worker occurred. Prosecutors declined to prosecute and marked case NOD (*Not on Docket, dismissed*), and instead offered to enroll her in a Pretrial Diversion Program, which she completed. Signed off by assistant Solicitor General Mrs. Carmen D. Smith. She also has had a few traffic violations which she immediately handled and currently has no outstanding balances or warrants with the courts.

Based on the foregoing, Ms. Palma Ozuna meet the eligibility requirements for the conferral of U-1 Nonimmigrant Status.

Thank you for your assistance with the enclosed applications. Please contact me at (404) 816-8611 if you require any further information.

Very truly yours,

ELIZABETH MATHERNE

EM/LV Enclosures 35802.0



ADDENDUM

To Petition for U Nonimmigrant Status (Form I-918)

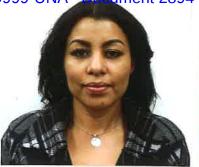
Principal Applicant: Luz Palma Ozuna

Derivative Applicant: Jonathan Palma Ozuna

- 1. Complete copy of Applicant's current passport
- 2. Copy of Applicant's and Derivative Applicant birth certificate with English translation;
- 3. Copies of birth certificates of Applicant's children with English translations.
- 4. A detailed and notarized affidavit written by Applicant regarding the events that happened in connection with the crime, explaining how Applicant has been affected physically, emotionally, and mentally.
- 5. Copy of Applicant's final judgement and decree
- 6. Copies of police reports relating to the incident;
- 7. Copies of medical or psychological records for Applicant daughter relating to the incident; and
- 8. Certified copies of any criminal charges or convictions for Applicant.

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 6 of 162 LVZ Palma Ozuna









Jonathan Palma Ozung



D::102100400: 40192421324261#





Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 7 of 162 Notice of Entry of Appearance

as Attorney or Accredited Representative

Expires 05/31/2021

Department of Homeland Security

]	Form G-	-28
OM:	3 No. 161	5-0105
~		10001

DHS

1.	USCIS Online Account Number (if any)	Selec	ct all applicable items.
	me of Attorney or Accredited Representative	1.a.	I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories commonwealths, or the District of Columbia. If you
2.a.	Family Name (Last Name) Matherne		need extra space to complete this section, use the space provided in Part 6. Additional Information .
2.b.	Given Name (First Name)		Licensing Authority
2.c.	Middle Name		Supreme Court FL, GA
		1.b.	
Ada	lress of Attorney or Accredited Representative		FL 53540, GA 547425
	Street Number and Name P.O. Box 501359 Apt. Ste. Flr.	1.c.	I (select only one box) \square am not \square am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of
3.b. 3.c.	Apt. Ste. Flr. City or Town Atlanta		law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.
3.d.	State GA 3.e. ZIP Code 31150	1.d.	
3.f.	Province		Kuck Baxter Immigration LLC
3.g.	Postal Code	2.a.	I am an accredited representative of the following qualified nonprofit religious, charitable, social
3.h.	Country United States		service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.
	ntact Information of Attorney or Accredited	2.b.	Name of Recognized Organization
	presentative	2.c.	Date of Accreditation (mm/dd/yyyy)
4.	Daytime Telephone Number (229) 472-5758		
5.	Mobile Telephone Number (if any)	3.	I am associated with
6.	Email Address (if any)		the attorney or accredited representative of record who previously filed Form G-28 in this case, and my
	ematherne@immigration.net		appearance as an attorney or accredited representative for a limited purpose is at his or her request.
7.	Fax Number (if any)	4.a.	I am a law student or law graduate working under th
	(404) 816-8615		direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).
		4.b.	Name of Law Student or Law Graduate

Part 3.	Notice of	of Appearance	as	Attorney	or
Accredi	ted Rep	resentative			

If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

This appearance relates to immigration matters before (select only one box):

- ✓ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.

I-918

- U.S. Immigration and Customs Enforcement (ICE)
- List the specific matter in which appearance is entered.
- U.S. Customs and Border Protection (CBP) 3.a.
- List the specific matter in which appearance is entered. 3.b.
- Receipt Number (if any) 4.

	•					1		
							. ,	
I	enter my	appearance	as an	attorney	or	accred	ited	

- 5. representative at the request of the (select only one box):
 - Applicant Petitioner Requestor Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- Family Name Palma Ozuna (Last Name)
- Given Name 6.b. (First Name)
- Middle Name | Adriana 6.c.
- Name of Entity (if applicable) 7.a.
- Title of Authorized Signatory for Entity (if applicable)
- Client's US 8.

SCI2 OIII	ine Accoun	i Number	(II any)	
•				

Client's Alien Registration Number (A-Number) (if any) 9.

	attor	 	 / ()/	
	A-			

Client's Contact Information

Daytime Telephone Number Mobile Telephone Number (if any) 11. (404) 483-2379

Email Address (if any) 12. adriannapalmas57@yahoo.com

Mailing Address of Client

13.h. Country

United States

NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name	602 Summit Pointe Way
13.b. Apt. S	ite. Flr.
13.c. City or Town	Atlanta
13.d. State GA	13.e. ZIP Code 30329
13.f. Province	
13.g. Postal Code	

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and **Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

Signature of Client or Authorized Signatory for an Entity 2.a.

2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a.	Signature o	Attorney	or Accredited	Representativ
1. a.	Signature o	Attorney	or Accredited	Representativ

	000
1.b.	Date of Signature (mm/dd/yyyy)
2.a.	Signature of Law Student or Law Graduate
2.b.	Date of Signature (mm/dd/yyyy)

Part 6. Addition	nal In	formation			4.a.	Page Number	4.b.	Part Number	4.c.	Item Number
If you need extra sp within this form, use than what is provide complete and file w paper. Type or prin indicate the Page N to which your answer.	e the sped, you in the this tyour number,	ace below. If younay make copie form or attach a name at the top on Part Number,	ou need s of the separa of each and It	I more space is page to te sheet of sheet; em Number	4.d.					
1.a Family Name (Last Name)	Palma	Ozuna								
1.b. Given Name (First Name)	Luz									
1.c. Middle Name	Adrian	а								
2.a. Page Number	2.b.	Part Number	2.c.	Item Number						
2.d.					5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
					5.d.					
3.a. Page Number	3.b.	Part Number	3.c.	Item Number						
3.d.					6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
					6.d.					

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 11 of 162



Remarks

Petition for U Nonimmigrant Status

Department of Homeland Security

Form I-918 OMB No. 1615-0104 Expires 04/30/2021

Action Block

USCIS

U.S. Citizenship and Immigration Services

Receipt

Fo USC Us On	CIS ee	Validity Dates From:	(mm/dd/yyyy)	Wait Li		Day Voc		
	Constrate	To:/_			Number		n/dd/yyyy)	
atto	be completed borney or accrec resentative (if	lited Fo	ect this box is rm G-28 is ached.	(Attorney (if applica FL 53540,	ıble)	25	Attorney or Accredited Representative USCIS Online Account Number (if any)
▶ 8	START HERE	- Type or prin	t in black or	blue inl	k.			
0.751	t 1. Informa		You (Persoi	n filing	this	Saf	e Mailing A	Address (if other than Home Address)
1	tion as a victing Family Name				(lab Rell	4.a.	In Care Of N	
	(Last Name)	Palma Ozuna				4.1	Ct. 4 N 1	N/A
1.b.	Given Name (First Name)	Luz				4.b.	Street Numb and Name	oer N/A
1.c.	Middle Name	Adriana				4.c.	Apt.	Ste. Flr. N/A
	r Names Used (es, if applicable)	•	name, nickna	mes, an	d		City or Tow	N/A
	Family Name		N/A			4.e.	State	4.f. ZIP Code
2.b.	(Last Name) Given Name (First Name)	N	/A			Ŭ	Province Postal Code	N/A N/A
2.c.	Middle Name		N/A			4.i.	Country	11/11
Hot	ne Address		ANOTE LEADING				County	N/A
3.a.	Street Number					Odl	au Informa	
	and Name	602 Summit P	ointe Way			5.	er Informa	tration Number (A-Number) (if any)
3.b.	Apt. S	Ste. Flr.				٥.	Anen Regist	► A- N / A
3.c.	City or Town	Atlanta				6.	II C Cooial S	Security Number (if any)
3.d.	State GA	3.e. ZIP Co	de 30329			0.	U.S. SOCIAI (N / A
3.f.	Province					7.	USCIS Onlin	ine Account Number (if any)
3.g.	Postal Code							► N/A
	Country	, U				8.	Marital Statu	
	United States						Single	☐ Married ✓ Divorced ☐ Widowed

Par	t 1. Information About You (continued)	_	ou need extra space to complete Part 2 rided in Part 8. Additional Information		pace
9.	Gender Male Female	Sele	ct "Yes" or "No," as appropriate, for eations.		ollowing
10.	Date of Birth (mm/dd/yyyy) 12/15/1981	1.	I am a victim of criminal activity list	ed in the IN	JA at
11.	Country of Birth	1.	section 101(a)(15)(U)(iii).	Yes	✓ No
	Mexico	2.	I have suffered substantial physical c	or mental al	ouse as a
12.	Country of Citizenship or Nationality		result of having been a victim of this		
	Mexico			Yes	✓ No
13.	Form I-94 Arrival-Departure Record Number	3.	I possess information concerning the	criminal a	ctivity of
	► N / A		which I was a victim.	✓ Yes	☐ No
14.	Passport Number G307471765	4.	I am submitting Form I-918, Suppler Nonimmigrant Status Certification, f		fving
15.	Travel Document Number N/A		official.	✓ Yes	☐ No
16.	Country of Issuance for Passport or Travel Document	5.	The crime of which I am a victim oc		
	Mexico		States (including Indian country and or violated the laws of the United Sta		stallations
17.	Date of Issuance for Passport or Travel Document		or violated the laws of the Officed Sta	Yes	✓ No
	(mm/dd/yyyy) 10/31/2018			103	110
18.	Expiration Date for Passport or Travel Document	6.	I am under 16 years of age.	Yes	✓ No
10.	(mm/dd/yyyy) 10/31/2021	7.a.	I was or am in immigration proceedi	ngs.	
D.				Yes	✓ No
	e and Date of Last Entry into the United States and Date orized Stay Expired	If yo	on answered "Yes," select the type of pro	oceedings.	If you
		were	in proceedings in the past and are no lo	onger in pro	ceedings,
19.a.	City or Town N/A		ide the date of action. If you are curren or print "Current" in the appropriate da		
19.b.	State AZ	appl	icable boxes. Use the space provided i		
20.	Date of Last Entry into the United States	Info	rmation to provide an explanation.		
	(mm/dd/yyyy) 2003	7.b.	Removal Proceedings		
21.	Date Authorized Stay Expired (mm/dd/yyyy)		Removal Date (mm/dd/yyyy)		
	N/A	7.c.	Exclusion Proceedings		
22.	Current Immigration Status		Exclusion Date (mm/dd/yyyy)		
44.	EWI	7. d .	Deportation Proceedings		
	LYVI		Deportation Date (mm/dd/yyyy)		
Dan	t 2. Additional Information About You	7.e.	Rescission Proceedings		
			Rescission Date (mm/dd/yyyy)		
	vering "Yes" to the following questions below requires unations and supporting documentation. Attach relevant	7.f.	Judicial Proceedings		
	ments in support of your claims that you are a victim of	, •1•	Judicial Date (mm/dd/yyyy)		

(INA) section 101(a)(15)(U)(iii). You must also attach a personal narrative statement describing the criminal activity of which you are a victim. If you are only petitioning for U derivative status for qualifying family members subsequent to your (the principal petitioner) initial filing, you are not required to submit evidence supporting the original petition with the new

Form I-918.

criminal activity listed in the Immigration and Nationality Act

Form I-918 04/24/19 Page 2 of 11

Part 2. Additional Information About You (continued)	Safe Foreign Address Where You Want Notification Sent (if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)
Provide the date of entry, place of entry, and status under which you entered the United States for each entry during	12.a. Street Number and Name N/A
the five years preceding the filing of this petition.	12.b. Apt. Ste. Flr.
8.a. Date of Entry (mm/dd/yyyy) 07/2005	12.c. City or Town N/A
Place of Entry into the United States	1210 City of Texts
8.b. City or Town	12.d. Province N/A
8.c. State AZ	12.e. Postal Code
8.d. Status at the Time of Entry (for example, F-1 student,	12.f. Country
B-2 tourist, entered without inspection)	AMA
EWI	
On Date of Entry (mon/dd/max)	Part 3. Processing Information
9.a. Date of Entry (mm/dd/yyyy) 2003	Answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the
Place of Entry into the United States	following questions, if applicable, even if your records were
9.b. City or Town	sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer
9.c. State AZ	have a record.
9.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)	NOTE: If you answer "Yes" to ANY question in Part 3. , provide an explanation in the space provided in Part 8.
EWI	Additional Information.
10.a. Date of Entry (mm/dd/yyyy) N/A	NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Petition for U Nonimmigrant Status.
Place of Entry into the United States	Have you EVER:
10.b. City or Town N/A	1.a. Committed a crime or offense for which you have not been arrested?
10.c. State	<u>v</u> 165
10.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)	1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS former Immigration and Naturalization Service (INS), and
N/A	military officers) for any reason? Yes No
If you are outside of the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this petition is approved.	1.c. Been charged with committing any crime or offense? ✓ Yes No
11.a. Type of Office (Select only one box):	1.d. Been convicted of a crime or offense (even if the
U.S. Consulate Pre-Flight Inspection	violation was subsequently expunged or pardoned)? Very Yes No
Port-of-Entry	1.e. Been placed in an alternative sentencing or a rehabilitative
11.b. City or Town	program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?
11.c. State	✓ Yes No
11.d. Country	
N/A	

Form I-918 04/24/19 Page 3 of 11

Par	t 3. Processing Information (continued)	Have	e you EVER:			
1.f.	Received a suspended sentence, been placed on probation, or been paroled?	4.a.	Engaged in, or do you intend to engage procurement of prostitution?	ge in, prost	titution or No	
1.g.	Been in jail or prison? Yes No	4.b.	Engaged in any unlawful commercial but not limited to, illegal gambling?	ized vice, Yes	including, No	
1.h.	Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes V No	4.c.	Knowingly encouraged, induced, assi aided any alien to try to enter the Uni			
1.i.	Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No	4.d.	Illicitly trafficked in any controlled su assisted, abetted, or colluded in the ill controlled substance?	icit traffick	cing of an	
Info	rmation About Arrests, Citations, Detentions, or Charges		controlled substance:	Yes	✓ No	
the q	u answered "Yes" to any of the above questions, respond to uestions below to provide additional details. If you need space, use the space provided in Part 8. Additional	in, th	e you EVER committed, planned or pro- treatened to, attempted to, conspired to mation for, or solicited funds for any o	commit, g	gathered	
2.a	rmation. Why were you arrested, cited, detained, or charged?	5.a.	Hijacking or sabotage of any conveya aircraft, vessel, or vehicle)?	ance (inclu Yes	ding an No	
	Driving w/o a license/ Failure to obey traffic laws	5.b.	Seizing or detaining, and threatening			
2.b.	Date of arrest, citation, detention, or charge (mm/dd/yyyy)		continue to detain, another individual in order to co third person (including a governmental organization			
	12/4/2011		do or abstain from doing any act as an	n explicit o	or implicit	
Whe	re were you arrested, cited, detained, or charged?		condition for the release of the individetained?		l or No	
2.c.	City or Town Atlanta			Yes	NO	
2.d.	State GA	5.c.	Assassination?	Yes	✓ No	
2.e. Country			The use of any firearm with intent to indirectly, the safety of one or more in			
	United States		cause substantial damage to property?		✓ No	
2.f.	Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)	5.e.	The use of any biological agent, chemweapon or device, explosive, or other	_		
	Fine		dangerous device, with intent to enda	nger, direc	tly or	
_			indirectly, the safety of one or more in cause substantial damage to property?		or to	
3.a	Why were you arrested, cited, detained, or charged?	7.7				
	Assault	for, p	you EVER been a member of, solicited or ovided support for, attended military to	raining (as	defined in	
3.b.	Date of arrest, citation, detention, or charge (mm/dd/yyyy) 4/11/2010	section 2339D(c)(1) of Title 18, United States Code) by a behalf of, or been associated with any other group of two more individuals, whether organized or not, which has b				
Whe	re were you arrested, cited, detained, or charged?	desig	nated as, or has engaged in or has a su designated as, or has engaged in:			
3.c.	City or Town Atlanta	6.a.	A terrorist organization under section	219 of the	: INA?	
3.d.	State GA			Yes	✓ No	
3.e.	Country	6.b.	Hijacking or sabotage of any conveya	nce (inclu	ding an	
	United States		aircraft, vessel, or vehicle)?	Yes	∨ No	
3.f.	Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)					

Form I-918 04/24/19 Page 4 of 11

Par	rt 3. Processing Information (continue	d)		re you EVER ordered, incited, called for bed with, or otherwise participated in any			
6.c.	Seizing or detaining, and threatening continue to detain, another individual	in order to	o compel a	10.a	. Acts involving torture or genocide?	Yes	₽ No	
	third person (including a government do or abstain from doing any act as an	n explicit o	or implicit	10.b	. Killing any person?	Yes	✓ No	
	condition for the release of the indivi- detained?	dual seized	l or No	10.c	. Intentionally and severely injuring an	y person?	✓ No	
5.d.	Assassination?	Yes	✓ No	10.d	L. Engaging in any kind of sexual condu			
5.e.	The use of any firearm with intent to indirectly, the safety of one or more i	_			any person who was being forced or t	Yes Yes	? No	
	substantial damage to property?	Yes	✓ No	10.e	Limiting or denying any person's abil	ity to exer		
6.f.	The use of any biological agent, chemweapon or device, explosive, or other				religious beliefs?	Yes	₩ No	
	device, with intent to endanger, direct safety of one or more individuals or to	ly or indire	ectly, the ostantial	10.f.	The persecution of any person becaus national origin, membership in a part or political opinion?			
	damage to property?	Yes	∨ No	10.0	g. Displacing or moving any person from			
6.g.	Soliciting money or members or othe material support to a terrorist organiz		riding	6	force, threat of force, compulsion, or		_	
		Yes	✓ No			Yes	✓ No	
	ou intend to engage in the United State			Nun	ΓE: If you answered "Yes" to any questing 10.a 10.g., please describe the αt 8. Additional Information.			
	Espionage?	Yes	✓ No	11.	Have you EVER advocated that another	her person	commit	
7.b.	Any unlawful activity, or any activity which is in opposition to, or the contr the government of the United States?	ol, or over		any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts?				
•						Yes	∨ No	
7.c.	Solely, principally, or incidentally in to espionage or sabotage or to violate	any law ir	ivolving	Have you EVER been present or nearby when any person was:				
	the export of goods, technology, or se	nsitive inf	formation? No	12.a	. Intentionally killed, tortured, beaten,	or injured?	>	
)	Have you EVER been or do you cont		_			Yes	∨ No	
).	of the Communist or other totalitarian membership was involuntary?			12.b	Displaced or moved from his or her recompulsion, or duress?	esidence by	y force, No	
).	Have you EVER , during the period o to May 8, 1945, in association with ei	ther the Na	azi	12.c.	In any way compelled or forced to engage sexual contact or relations?	gage in an	y kind of No	
	Government of Germany or any organ government associated or allied with			Have	e you EVER:			
	Government of Germany, ordered, inconterwise participated in the persecutive because of race, religion, nationality, particular social group, or political op	cited, assis ion of any membersh	person	13.a.	. Served in, been a member of, assisted in any military unit, paramilitary unit, defense unit, vigilante unit, rebel grou militia, or other insurgent organization	police uni p, guerilla	it, self-	
		Yes	✓ No			Yes	✓ No	

Form I-918 04/24/19 Page 5 of 11

Par	t 3. Processing Information (c	ontinue	d)	19.	Have you EVER been ordered to be ror deported from the United States?	emoved, e	xcluded, No
13.b.	Served in any prison, jail, prison camplabor camp, or any other situation that persons?		-	20.	Have you EVER been denied a visa of to the United States?		
13.c.	Served in, been a member of, assisted in any group, unit, or organization of you or other persons transported, posstype of weapon?	any kind i	n which	21.	Have you EVER been granted volunt immigration officer or an immigration depart within the allotted time?		
Num	E: If you answered "Yes" to any ques bers 13.a 13.c., please describe the of a Additional Information.	tion in Ite	·m	22.	Are you NOW under a final order or violating section 274C of the INA (prusing false documentation to unlawfu requirement of the INA)?	oducing ar	nd/or
Have	you EVER:			23.	Have you EVER, by fraud or willful	misreprese	ntation of
	Received any type of military, paramitraining?	Yes	✓ No		a material fact, sought to procure or p other documentation, for entry into th any immigration benefit?	rocured a v	visa or
14.b.	Been a member of, assisted in, or part group, unit, or organization of any kir other persons used any type of weapo or threatened to do so?	id in whic	h you or	24.	Have you EVER left the United State drafted into the U.S. Armed Forces or		_
14.c.	Assisted or participated in selling or pany person who to your knowledge us another person, or in transporting weak who to your knowledge used them agrees on?	ed them a pons to an	gainst ny person	25.	Have you EVER been a J nonimmigr who was subject to the 2-year foreign requirement and not yet complied with or obtained a waiver of such?	residence	
Num	E: If you answered "Yes" to any ques bers 14.a 14.c., please describe the case Additional Information.	tion in Ite	m	26.	Have you EVER detained, retained, of custody of a child, having a lawful classifizenship, outside the United States citizen granted custody?	im to Unit	ed States
Have	you EVER:			27.	Do you plan to practice polygamy in t	he United	States?
15.a.	Recruited, enlisted, conscripted, or use 15 years of age to serve in or help an a					Yes	∨ No
		Yes	✓ No	28.	Have you EVER entered the United S	tates as a s	towaway?
15.b.	Used any person under 15 years of ag hostilities, or to help or provide service combat?	_		29.a.	Do you NOW have a communicable of health significance?	disease of p	public No
16.	Are you NOW in removal, exclusion, deportation proceedings?	Yes	✓ No	29.b.	Do you NOW have or have you EVE mental disorder and behavior (or a his that is likely to recur) associated with has posed or may pose a threat to the	tory of bel the disord	navior er which
17.	Have you EVER had removal, exclus deportation proceedings initiated again		ssion, or		welfare of yourself or others?	Yes	₩ No
		Yes	✓ No	29.c.	Are you NOW or have you EVER be	en a drug a	abuser or
18.	Have you EVER been removed, exclusion the United States?		eported No		drug addict?	Yes	∨ No

Form I-918 04/24/19 Page 6 of 11

Part 4. Information About Your Spouse and/or Children			Spouse and/or		Family Name (Last Name) Given Name
		ace to complete Part 4			(First Name)
		Additional Information	on.	16.c.	Middle Name
1.a.	Family Name (Last Name)	Palma Ozuna		17.	Date of Birth (mm/dd/yyyy)
1.b.	Given Name (First Name)	Jonathan		18.	Country of Birth
1.c.	Middle Name				
2.	Date of Birth ((mm/dd/yyyy)	12/18/2001	19.	Relationship
3.	Country of Bir	rth		20.	Current Location
4.	Relationship			21.a.	Family Name
5.	Current Locati	ion			(Last Name) Given Name (First Name)
		ľ		21.c.	Middle Name
6.a.	Family Name (Last Name)	Arredondo Palma		22.	Date of Birth (mm/dd/yyyy)
6.b.	Given Name (First Name)	Evelin		23.	Country of Birth
6.c.	Middle Name				
7.	Date of Birth ((mm/dd/yyyy)	1/13/2008	24.	Relationship
8.	Country of Bir	rth		25	Comment I acetica
	United States			25.	Current Location
9.	Relationship				
	Child			Fili	ng On Behalf of Family Members
10.	Current Locati	ion		26.	I am petitioning for one or more qualifying family members.
	United States				<u> </u>
11.a.	Family Name (Last Name)	Arrendondo Palm	ra		NOTE: If you answered "Yes" to 26. , you must complete and include Supplement A for each family
11.b.	Given Name (First Name)	Axel			member for whom you are petitioning.
11.c.	Middle Name				
12.	Date of Birth ((mm/dd/yyyy)	11/21/2004		
13.	Country of Bir	rth			
	United States				
14.	Relationship				
	child				
15.	Current Locati	ion			

Form I-918 04/24/19 Page 7 of 11

Part 5. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **1.a.** or **1.b.** If applicable, select the box for **2.**

- **1.a.** [] I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b. The interpreter named in Part 6. read to me every question and instruction on this petition and my answer to every question in

a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in Part 7.,

Elizabeth Matherne

prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

- 3. Petitioner's Daytime Telephone Number (404) 483-2379
- 4. Petitioner's Mobile Telephone Number (if any)
 (404) 483-2379
- 5. Petitioner's Email Address (if any)
 adriannapalmas57@yahoo.com

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

10013		O			
6.a.	Petitioner's	Signature 7			
_	111				

6.b. Date of Signature (mm/dd/yyyy)

Petitioner's Signature

11-22-2021

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

NOTE: A parent or legal guardian may sign for a person who is less than 14 years of age. A legal guardian may sign for a mentally incompetent person.

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's	Full	Name
---------------	------	------

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

4 Conce

2. Interpreter's Business or Organization Name (if any)

2. Interpreter's Business or Organization Name (if any)

Form I-918 04/24/19 Page 8 of 11

	rtification, and Signature (continued)	Sig	rt 7. Contact Information, Declaration, and nature of the Person Preparing this Petition, i
Int	erpreter's Mailing Address	Otl	her Than the Petitioner
3.a.	Street Number and Name	Prov	ride the following information about the preparer,
3.b.	Apt. Ste. Flr.	Pre	parer's Full Name
3.c.	City or Town	1.a.	Preparer's Family Name (Last Name)
			Matherne
3.d.	State 3.e. ZIP Code	1.b.	Preparer's Given Name (First Name)
3.f.	Province		Elizabeth
3.g.	Postal Code	2.	Preparer's Business or Organization Name (if any)
	Country		Kuck Baxter Immigration LLC
		Pre	parer's Mailing Address
Total	and the Court of Treformation	3.a.	Street Number and Name P.O. Box 501359
	Interpreter's Daytime Telephone Number	3.b.	Apt. Ste. Flr.
4.	interpreter's Daytime Telephone Number	2 .	
5.	Interpreter's Mobile Telephone Number (if any)	3.c.	City or Town Atlanta
J.	interpreter's tyroone receptione reamoer (if any)	3.d.	State GA 3.e. ZIP Code 31150
6.	Interpreter's Email Address (if any)	3.f.	Province
		3.g.	Postal Code
Int	erpreter's Certification	3.h.	Country
	tify, under penalty of perjury, that:		United States
	fluent in English and	Pro	parer's Contact Information
	th is the same language specified in Part 5., I.b., and I have		Preparer's Daytime Telephone Number
	to this petitioner in the identified language every question instruction on this petition and his or her answer to every	4.	(229) 472-5758
ques	tion. The petitioner informed me that he or she understands	-	Preparer's Mobile Telephone Number (if any)
	y instruction, question, and answer on the petition, and ing the Petitioner's Declaration and Certification, and	5.	Preparet's Mobile Telephone Number (II any)
	verified the accuracy of every answer.	(Duranada Farail Adduna (if ann)
Test	erpreter's Signature	6.	Preparer's Email Address (if any) ematherne@immigration.net
			ond another grant and the control of
/.a.	Interpreter's Signature (sign in ink)		
	from the control		
7.b.	Date of Signature (mm/dd/yyyy)		
	V.		

Form I-918 04/24/19 Page 9 of 11

Prepa	rer's Statement					
7.a. 🗌	I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.					
7.b. I am an attorney or accredited representative and my representation of the petitioner in this case extends does not extend beyond the preparation of this petition.						
	NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.					
Prepai	rer's Certification					
prepared petitions me that in, and s Petition informat petition	d this petition at the request of the petitioner. The er then reviewed this completed petition and informed the or she understands all of the information contained submitted with, his or her petition, including the er's Declaration and Certification, and that all of this tion is complete, true, and correct. I completed this based only on information that the petitioner provided authorized me to obtain or use.					
Prepar	rer's Signature					
8.a. Pr	eparer's Signature (sign in ink)					

8.b. Date of Signature (mm/dd/yyyy)

Form I-918 04/24/19 Page 10 of 11

Pai	rt 8. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.							
1.a.	Family Name (Last Name)						
1.b.	Given Name (First Name)						
1.c.	Middle Name Adriana						
2.	A-Number (if any) ► A-						
3.a.	Page Number 3.b. Part Number 3.c. Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.		6.d.					
4.a.	Page Number 4.b. Part Number 4.c. Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d.		7.d.					



Supplement B, U Nonimmigrant Status Certification

USCIS Form I-918

Department of Homeland Security U.S. Citizenship and Immigration Services

OMB No. 1615-0104 Expires 04/30/2021

Fo USC Us On	CIS se			Remark	is .		
▶ 5	START HERE	- Type or print in bla	ick or blue ink.				
Par	t 1. Victim I	information		Nam	e of Head of Cer	tifying Agency	
1.	Alien Registrat	tion Number (A-Numb	er) (if any)	4.a.	Family Name (Last Name)		
		► A-		4.b.	Given Name [First Name]		
2.a.	Family Name (Last Name)	PALMA OZUNA		4.c.	Middle Name		
2.b,	Given Name (First Name)	LUZ		Age	ency Address		
2.c.	Middle Name	ADRIANA		5.a.	Street Number	17115 PANAMA CITY BEACH P	
		(Include maiden name	s, nicknames, and	<i>a</i> 1	and Name		
	es, if applicable. u need extra spa) ce to provide addition:	al names, use the	5.b.	Apt. St	te. Flr.	
		rt 7. Additional Info		5.c.	City or Town	PANAMA CITY BEACH	
3.a.	Family Name (Last Name)			5.d.	State FL	5.f. ZIP Code 32413	
3.b.	Given Name (First Name)			5.g.	Province		
3.c.	Middle Name			5.h.	Postal Code		
4.	Date of Birth (mm/dd/yyyy)	12/15/1981	5.i.	Country		
5.	Gender	Male X Female			USA		
		_		Oth	er Agency Inj	formation	
Par	t 2. Agency	Information		6.	Agency Type		
1.	Name of Certin	fying Agency		i	Federal [State X Local	
	PANAMA CI	TY BEACH POLICE	DEPARTMENT	7.	Case Status	□ C 1-4-1	
	e of Certifying	Official		1:	On-going Other	Completed	
2.a.	Family Name (Last Name)			0	Certifying Ager	new Category	
2.b.	Given Name (First Name)			8.	Judge [Law Enforcement Prosecutor	
2.c.	Middle Name				Other		
3.	Title and Divis	sion/Office of Certifyin	ng Official	9.	Case Number		
				10.	FBI Number or	SID Number (if applicable)	

Par	t 3. Criminal Acts		4.a.	Did the criminal activity occur in the United States
L If yo	need extra space to complete ded in Part 7. Additional Info			(including Indian country and military installations) or the territories or possessions of the United States? Yes No
1.	The petitioner is a victim of cr violation of one of the following criminal offenses (or any similapplicable boxes)	ng Federal, state, or local	4.b.	If you answered "Yes," where did the criminal activity occur?
	Abduction	Manslaughter		
	Abusive Sexual Contact	Murder	5.a.	Did the criminal activity violate a Federal extraterritorial
	Attempt to Commit	Obstruction of Justice		jurisdiction statute? Yes V No
	Any of the Named Crimes	Peonage	5.b.	If you answered "Yes," provide the statutory citation
	Being Held Hostage	Perjury		providing the authority for extraterritorial jurisdiction.
L	Blackmail	Prostitution		
	Conspiracy to Commit	Rape		
	Any of the Named	Sexual Assault	6.	Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner
	Crimes Domestic Violence	Sexual Exploitation		named in Part 1. Attach copies of all relevant reports and
	Extortion	Slave Trade		findings.
	False Imprisonment	Solicitation to		Level & lacinous moressation
	Felonious Assault	Commit Any of the Named Crimes	· ·	-
	Female Genital	Stalking		
	Mutilation	Torture		
	Fraud in Foreign Labor Contracting	Trafficking		
	☐ Incest	Unlawful Criminal Restraint		
	☐ Involuntary Servitude ☐ Kidnapping	Witness Tampering		
		1		
	de the dates on which the crimi	mai activity occurred.		
2.a.	Date (mm/dd/yyyy)			
2.b.	Date (mm/dd/yyyy)		7.	Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and
2.c.	Date (mm/dd/yyyy)			findings.
2.d.	Date (mm/dd/yyyy)			
3.	List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.			
	800.04 F.S	. >	ÿ	
			i.	

Pa	rt 4. Helpfulness Of The Victim	4.	Other. Include any additional information you would like to provide.
age,	the following questions, if the victim is under 16 years of incompetent or incapacitated, then a parent, guardian, or triend may act on behalf of the victim.		
1.	Does the victim possess information concerning the criminal activity listed in Part 3.? Xes No		
2.	Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above?		
	X Yes No		
3.	Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? Yes No		
	If you answer "Yes" to Item Numbers 1 3., provide an explanation in the space below. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.		
	THE VICTIM COOPERATED WITH LAW		
	ENFORCEMENT AND WAS HELPFUL IN THE		
	INVESTIGATION OF THE CRIME.		

Pa	rt 5. Family Members Culpable In Criminal	Pa	rt 6. Certification
Ac	tivity	Lon	the head of the agency listed in Part 2. or I am the person
1.	Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? Yes No If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in Part 7.	in the abeha certi Part	the lead of the agency listed in Fart 2. of fail the person are agency who was specifically designated by the head of agency to issue a U Nonimmigrant Status Certification on all of the agency. Based upon investigation of the facts, I fy, under penalty of perjury, that the individual identified in 1. is or was a victim of one or more of the crimes listed in table 3. I certify that the above information is complete, true, correct to the best of my knowledge, and that I have made
	Additional Information.)		will make no promises regarding the above victim's ability
2.a.	Family Name (Last Name)	to ol (US	otain a visa from U.S. Citizenship and Immigration Services CIS), based upon this certification. I further certify that if
2.b.	Given Name (First Name)	pros	victim unreasonably refuses to assist in the investigation or ecution of the qualifying criminal activity of which he or s a victim, I will notify USCIS.
2.c.	Middle Name	1.	Signature of Certifying Official (sign in ink)
2.d.	Relationship	⇒	Cyllin Gymu gar
		2.	Date of Signature (mm/dd/yyyy) /0/06/201/
2.e.	Involvement	3.	Daytime Telephone Number
			857-249-8031
3.а.	Family Name (Last Name)	4.	Fax Number
3.b.	Given Name (First Name)		
3.c.	Middle Name		
3.d.	Relationship		
3.e.	Involvement		
4 -	Facil N		
4.a.	Family Name (Last Name)		
4.b.	Given Name (First Name)		
4.c.	Middle Name		
4.d.	Relationship		
1.e.	Involvement		

Fart 7. Additional Information If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement. 1. Agency Name Panama CITY BEACH POLICE DEPARTMENT Petitioner's Name (Last Name) 2.a. Family Name (Last Name) LUZ The Number 5.b. Part Number 5.c. Item Num 5.d. Page Number 5.b. Part Number 5.c. Item Num 5.d. 5.d. 5.d. Fage Number 5.b. Part Number 5.c. Item Num 5.d. 5.d. Family Name (Last Name) LUZ	nber
supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement. 1. Agency Name PANAMA CITY BEACH POLICE DEPARTMENT Petitioner's Name (Last Name) PALMA OZUNA LUZ	
PANAMA CITY BEACH POLICE DEPARTMENT Petitioner's Name 2.a. Family Name (Last Name) PALMA OZUNA 2.b. Given Name (First Name)	
Petitioner's Name 2.a. Family Name (Last Name) 2.b. Given Name (First Name) LUZ	_
2.a. Family Name (Last Name) 2.b. Given Name (First Name) LUZ	_
(Last Name) 2.b. Given Name (First Name) LUZ	
(First Name)	
A 2010 37	_
2.c. Middle Name ADRIANA	_
3. A-Number (if any)	
4.a. Page Number 4.b. Part Number 4.c. Item Number 6.d. Page Number 6.d. Item Number 6.d.	ber
4.d.	
	_
	_
	_
	_
	-
	-
	-
	-
3	-
	_
	-
	_
	



Theodore Jackson Sheriff

FULTON COUNTY SHERIFF'S OFFICE

Instructions for Cash Bond Refund

Mailed Refund

- The Cash Bond Refund form (attached) must be signed by the surety. The surety is the person who paid the bond and signed the receipt for the cash bond. This signature must be notarized.
- A valid state issued photo identification i.e. a state driver's license or state identification card must be copied and returned with your package.
- The receipt when the cash bond was pa if available, should be returned with your pack &
- A copy of the final disposition must be returned with your package. The final disposition is the document given at the conclusion of the court case with the judge's signature.
- Include a valid address where the funds can be mailed to you certified.
- The surety is the only person who will receive the cash bond unless a Cash Bond Affidavit form (attached) is signed and notarized.
- Please allow ten (10) business days processing refunds.

Pickup Refund

- The Cash Bond Refund form (attached) must be signed by the surety. The surety is the person who paid the bond and signed the receipt for the cash bond.
- A valid state issued photo identification i.e. a state driver's license or state identification card must be copied and brought with you.
- The receipt when the cash bond was paid, if available, should be brought with you.
- A copy of the final disposition must be brought with you. The final disposition is the document given at the conclusion of the court case with the judge's signature.
- The surety is the only person who will receive the cash bond unless a Cash Bond Affidavit form (attached) is signed and notarized.
- Please allow five (5) business days for processing refunds.

All items should be forwarded/brought to the address below:

Fulton County Sheriff's Office Bonding Administration Unit Justice Center Tower, 9th Floor 185 Central Avenue, SW Atlanta, Georgia 30303 404-612-5136

Operating hours are: Monday thru Friday, 8:30 am until 5:00 pm

678) 7708840 CARLOS Y. LARES (678) 770-8440.

ADM064_02 01/09

	L003060(Date of Suppleme	O Cases 1	L <mark>23-</mark> mi-	99999-UN OF	FENS	cument E-INCIE	2894-8 ENT R	Filed EPOR	1 09/08/ RT	/23 Page :	28 of 16	52	Original [
		19.00		P.	anama	City	Beach	PD		Agency Report Nun	THATTUOISI		Supplement
	nt Informat	ion								2053076		LEWD/LA	scivious
1 5	Original Day Reported Roldont Typo	TUE	Date 08	/25/2020	Time (mil)	0653	Time Dispetch		0659	Time Arrived (mil)	0704	Time Completed (n	nil)
1 1 1	1. Felony 2. Traffic Felony	Misdemeanor Treffic Misder	5. On meanor 9. Oth	dinance From	: Oay	Date Date	105 1000	Tim	io (mili)	Day	0704		
	OFF/INC Ty			OUS MOLEST		A-Attempted	/25/2020		0653 Olation Number	TO TUE	08/25	/2020	Time (mill) 0704
ATA	#2					C-Committed A-Attempted	C	80	00 -	04	d		3600
ENT	cident Location (S	FRONT I	BEACH RO)AD		C-Committed City			Zip	District	(Grid	1)	REDOVE
D2	AYS INN	a Identifier				PANAM	A CITY I	BCH	324	Forced Entry		Area	C
01.	Residence Single	05, 0	Convenience Store	10. Dept/Did	count Store	15 lastus	L-18 W			N/A		N/	'A
02. 03. 04.	. Apartment/Condo . Residence-Other . Hotel/Motel	07, L 08, B	as Station iquor Sales ar/Nightclub upermarket	11, Specialty 12, Drug Sic 13, Bank/Fin	/ Store ire/Hospital ancial Inst	10 0		21. Až 22. Bu	n/Rail Terminal	25. Parking Lot/0 26. Highway/Roa 27. Park/Woodla	dwav	30, Other Mobi	le
1 1 "	OFFANC.			m, Ent. # Veh. Stole	Type of Y	Venpon no pine	isan	24. Ot	her Structure	28. Lake/Waterw 29. Motor Vehicle	ay	Hotel/Mo	tel
Person	s Informati		1	0 0	00. N/A 01. Hand	02.7096	05. Knife/Cutti D6. Blunt Obje	ot	07, Hands/Fist/F 08, Poison 09, Explosives	eet 10. Fire/Incendiary 11. Threat/Intimidation	13, Drugs 88, Unknown		
	Code	- 11	Person Type						os, Explosives	12. Simulated Weapon	99 Other	N/	A
CODES	Victim C Witness O	- Complainant - Other	1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church	N-N/A W-White 8-Black	l-American Inc O-Orlentat/Asi U-Unknown	an M-A	VA ::	Besidence 0. N/A 1. City	Type 3. Florida 4. Out-of-State	Residence S 0, N/A	C000000 F35	tent of Injury
00. N	4A 04	Laceration Unconscious	07, Loss of 08, Burns		Relationship 1		L-U	nknown	2. County		Full Year Part Year Non-Reside	1. h	dinar Perious
02 St	ounshot 05.	Poss, Broken Bon Poss, Internal Inju	es no Abreste	Ons/Bruises 00. N/A 01. Unde 02. Strar	rlermined ger	03. Spouse 04. Ex-Spouse 05. Co-Habitant	06. Parent 07. Brother/Si 08. Child 09. Step-Paren	ster 11 1 12 (Step-Child In-Law Other Family Student	14. Teacher 15. Child of BoyrGirl F 16. Boy/Girl Friend	17. Friend 18. Neigh 19. Sitter/	d 21 E	mployer Indiord/Tenant Equaintance
2-#2		C 1	3	Name (Last, First, Mi	ddle or Busin	HESS)					20. Emplo		her Known
	18 FRONT				Ci	ity		HECTOR					88-1587
Other	Contact Info. (Tim				P.	ANAMA CI	TY BCH		State	Zip 32407		Business P	hone
ST T		in a second	7 etar, e(c.)						Synopsis of Inv	olvement		_1	
If V/W C	Yorc	_	Sex M	Date of Birth 08/20/197	Age	Res. Type	Res. Status Ex	stent of Injury	ECURITY	Type(s) Relation	ohin Rd		
1-#1 2-#2	C Indicator	V/W Code #	Person Type	Name (Last, First, Midd		1 1		0		00	ship Ethnicity Y	Yes 🗈	refer charge?
	S (Street, Apt. Nurr	nber)		ARREDANDO	City		I	evelen				Residence Pl	
1412 Other Cr	MILLOW				_	LANTA			State	Zip	_	Business Pho	
WILL	ontact Info. (Time	Available, Interpre	eter, etc.)					Sy	GA nopsis of Involve	30329			
If V/W Co. V, W o Fill in this	or C	7	Sex	Date of Birth	Age	Res. Type R	es. Status Exte		CTIM	A MORALES			
OFF/INC I	Indicator V		Person Type N	01/13/2008				0	Injury Ty	(Pe(s) Relations!	Ethnicky Y	Will Victim pre	
3 - Both Address (Street, Apt. Numb			ALMA			L	OC.		ADRIANA		Residence Pho 404 483	
1412	MILLOW 1				City ATL	ANTA			State	Zip		Business Phone	
E Coner Con	ntact info. (Time Av	vailable, Interprete	er, etc.)					Sync	GA Posis of Involve	30329			
If V/W Code		nce Race	Sex	Date of Birth						VICTIM			
V, W or i	ine N	W		12/16/1981	Age 38	Res. Type Res	. Status Extent	of Injury	Injury Type		Ethnicity	Will Victim prefe	charne?
Signature of	f Officer Reporting				Nem						MARKE.	Yes 🔲 N	
Signature of	Officer Reviewing	,			K.	PERKINS			D. Number/Loc			Date 08/25/20	120
Case Status						er Reviewing (II A LIGIURE	pplicable)	2	1.0. Num	ber		Date	
CA - Cleared I CE - Cleared I	by Arrest Exceptionally	CF - Filed with SI CU - Cleared Uni	late Atty	I - Inactive A - Active P - Pending	Clear 1.Am	rance Type	ded.			Date Cleared		08/25/20	20
Exception Tyl	Declined 2.	Arrest on Primary	0#4	- triumig	2.Exc	est 3.Unfoun ceptional	oed	A-Adul J-Juve] Selection	A	rest Number	
		Secondary Offense	Without Prosecu	3. Death of C 4. V / W Refu	ffender sed to Cooper	5. Pro Tate 6. Jun	secution Decliner enile/No Custody	d	Ref	eted Report Number(s)		Number Ar	rested

	ADM	FL0030600 CRelated N	-mi-99	999-JINA OFFEI	NSE-INCID	2894-8 ENT RE	Filed 09 PORT	/08/23 Pa Juverille In Repor	age 29 of 2	162	1. Original 2. Supplement
	1	Name of the last o	ing salah	Pana	ma City B	each PD)	Agency Rep 20530		- District States	Offense Description O/LASCIVIOUS
	S	OFF/INC Indicator 1 . #1 2 . #2 1 0 2	Person Type	Name (Lest, First, Min	ddle or Business)		100711			- HARMAN	Residence Phone
	្រ	Address (Street Art March 197			City		ADRIAN	State	Zip		470 454-122
	A / WITH	Other C. I. I. I.			ATLANTA				10329		Business Phone
	VICTIM							OUSIN OF V	СТТМ		
		H V/W Code is V, W or C Fill in this Line N Race W	Sex F	Date of Birth 03/12/201	Age Res. Ty	pe Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge
				Name (Last, First, Mide			Control of the Contro		0.000		Yes 1 No 1
	ESS	3 - Both O 3 Address (Street, Apt. Number)	3 1	PALMA			GUADALU	PE			Residence Phone 470 454-1223
	YE!W	1412 WILLOW LAKE DRIV			City ATLANTA			GA 3	z _{ip} 0329		Business Phone
	VICTIM / WITNESS	Other Contact Info, (Time Available, Interprete	r. etc.)					opsis of involvement			
	Š	11 V/W Code is Dom. Violence Race V. W or C	Sex	Date of Birth	Age Res. Typ	Res. Status	AUI	NT OF VICT		· · · · T	
	Н	Fill in this Line N W OFF/INC Indicator V/W Code # Pe	rson Type N	08/08/199	(mean)					Ethnicity	Will Victim prafer charge? Yes ⊠ No ⊠
	0	2 +#2 3 - Both 1 0 4	_ 1	UBOS	e or Business)		MARTIN				Residence Phone
	VICTIM / WITNES	Address (Street, Apt. Number) 3861 WATER OAK WAY			City DORAVILI			State	Žíp		404 454-9492 Business Phone
	E I	Other Contact Info. (Time Available, Interpreter,	etc.)		DOIGH III	-	Syno	GA 30	340		
	計	If V/W Code is Dom. Violence Race	Sex	Date of Birth	Age Res. Type	1	STE	PFATHER OF	VICTIM		
-	_	V, W or C Fill in this Line	M	04/03/1979	100000000000000000000000000000000000000	Res. Status Es	rtent of Injury	Injury Type(s)	Relationship Et	hnicity	Will Victim prefer charge? Yes No
	8	Suspect Race N-N/A	f-Female U-Unknown	Hair Langth L-Long M-Medium	Hair Style A-Afro P-Ponyta B-Braided S-Straigh	W-Wavev	Complexion ACN-Acne LT-Li	Build Build HEV-Heav	y MUS-Muscular	Facial H	air
Ī	1	OFF/INC Indicator Suspect Code		S-Short Code Susp. #	C-Curly	First, Middle)		Medium MED-Medi		B-Beard/ C-Beard E-Ear Rin	& Mustache M-Mustache
	3	2 - #2 1 S-Suspect E-Escapee R A-Arrestee M-Missing Z- laiden Name	other	S 1	N HERNAN	DEZ		MAX	NUEL	ALE	EXANDER
94090		Bat Known Address (B.		Nickname/Street	патте			Place of Birth		Resid	dence Phone
0	_	est Known Address (Street, Apt. Number) 412 WILLOW LAKE DRIVE	NE			city ATLANTA		State	Zip 1 20200	Busin	ness Phone
SUSPECT OR MISSING	0	ccupation	Emp	ployer/School			Address	GA	30329	Social	I Security Number
MIN WIS	Dr	river's License State/Humber	hom	igration and Naturaliza	tion Number	Other IO. Number		OBTS Number			
15	CH	othing (Describe)				12010002		1		\$CIC/I	NCIC
SUSPI	BI	Race Sex Date of Birth or		CARGO SHOR	TS	NONE NO	atoos (Location/D	escribe)			
"	E	W M 03/12/19		31 R	Height	Weight	BR		Color Hai	ir Length	Hair Style
		omplexion Build Facial Hair MED MED B	Teeth	1	ecial identifiers					S	
_				I NI	EXICAN-NATIO	NAL	Á	-10::			
		tive					10 Parl 1		\$135 J		re illigation
a	rriva	ugust 25, 2020, at approximate al, I made contact with Days In staying at the Holiday Inn Expre	n security	m, I responded guard, Hector	to Days Inn, loc Clas. Clas was st	ated at 1281	8 Front Bea	ch Road, in ref	erence to a se	xual off	ense. Upon
h	er c	staying at the Holiday Inn Expre ousin, Adriana Palma, and her	ess with K aunt's par	lubos. Palma's rtner. Manuel l	daughter, Arreda	ndo was st	aying the ni	ght at Days Inn	Martin Kubos. With her aunt	Clas sta , Guada	ated Luc Palma Ilupe Palma,
٦		nature of Officer Reporting	•	,siraei	Name of Officer Rep		a video ca	ii with her dau	ghter upon ou	r arriva	il. Arredando
NE.	Sign	nature of Officer Reviewing			K. PERKIN	S	NAME OF TAXABLE PARTY.	PERKINS	United 65	Date	8/25/2020
ADMINISTRATIVE		-			Officer Reviewing (Charles and Control of the Control o	23	I.D. Number		Date	
¥1	Case	Status Cleared by Arrest CF - Filed with State	Altv A -	Inactive - Active	Clearance Type			Date	Cleared	_	8/25/2020 Number
NIMC		Cleared by Arrest CF - Filed with State / Cleared Exceptionally CU - Cleared Unfound	lad n	Pending A	1 Arrest 3 Unit 2.Exceptional	ounded	A-Adult	A	Properties		

5. Prosecution Declined 6. Juvenile/No Custody

Death of Offender
 V / W Refused to Cooperate

Arrest on Primary Offense
 Secondary Offense Without Prosecution

Exception Type

1 Extradition Declined

Related Report Number(s)

A

Number Arrested

F	L0030600 Related Related	3-mi-999 98片片性NSPINOID性N[†]\$%EPO 模样d 09/0	8/200enile age 300enile	1. Original 2. Supplement
5	Date of Supplement	NAME OF THE OWNER OWNER.	Agency Report Number	Primary Offense Description
AD A	Date of Supplement	Panama City Beach PD	2053076	LEWD/LASCIVIOUS

was visibly distraught and crying hysterically on the video call. Arredando stated her uncle, Manuel Hernandez, had woken her up by fondling and licking her breasts, under her shirt.

I asked Luc Palma which room her daughter was staying in. she replied 602. Cpl. Caligiure and I made our way up to room 602. We asked Luc Palma to have Arredando leave the bathroom and exit the room. A moment later she ran through the front door to her mothers arms. Arredando was crying hysterically and very distraught. I asked Guadalupe where Hernandez was located. At this time Hernandez sat up in the bed and I entered the room. I gathered their information and detained Hernandez. While I was in the room, Arredando advised Corporal Caligiure that Hernandez touched and licked her breasts. The criminal investigative division was contacted and Investigators Arafa and Gorman arrived shortly after.

This case was turned over to the CID for further investigation.

No body worn or in car footage exists for this case.

Signature	of Officer Report	ing			Name of Offi	cer Reporting	I.D. N	umber/Locator Cod	Unit#	Date	
					K. PEF	UKINS	K.	PERKINS	65	08	/25/2020
Signature	of Officer Review	ring			Officer Revi	ewing (If Applicable)		I.D. Number		Dete	
					CALIGI	URE	23	Waysall and	0	08	/25/2020
	tus ared by Arrest ared Exceptionally	CF - Filed with State Affy CU - Cleared Unfounded	I - Inactive A - Active P - Pending	Ā	Clearance 3 1.Arrest 2.Exception	3.Unfounded	A-Adult J-Juvenile	1005/2000	Date Cleared	Arrest P	lumber
	Exception Type 1.Extradition Declined 2. Arrest on Primary Offense 3. Death of Offend 5-econdary Offense Without Prosecution 4. V / W Refused to					5. Prosecution Declines 6. Juvenile/No Custody			Related Report Number(B)	Number Arrested

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 31 of 162 Office of the State Attorney

Fourteenth Judicial Circuit of Florida

In and For Bay, Calhoun, Gulf, Holmes, Jackson, and Washington Counties

Larry Basford State Attorney



In Reply Refer to: Post Office Box 1040 Panama City, FL 32402 (850) 872-4473

July 12, 2021

E.A. 602 Summitt Pointe Way Atlanta, GA. 30329

RE:

STATE OF FLORIDA VS MANUEL ALEXANDER HERNANDEZ

Charge: I)
II)

LEWD OR LASCIVIOUS MOLESTATION LEWD OR LASCIVIOUS MOLESTATION

Clerk's No.:

032020CF03330A

Agency Case #:

2053076

SA#:

032020F05648

Please be advised that this case has been rescheduled for August 5, 2021, 9:00 AM Central Time. Please note that all times referenced are Central Time, except for Gulf County which is located in the Eastern Time Zone.

You are welcome to appear at all court proceedings in the case, but you are not required to attend the next court date. If you have any questions or comments, please feel free to contact my office.

Sincerely,

Barbara F. Beasley

Assistant State Attorney

Barbara F. Beasley

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 32 of 162

Office of the State Attorney
Fourteenth Judicial Circuit of Florida
In and For Bay, Calhoun, Gulf, Holmes, Jackson, and Washington Counties

LARRY BASFORD
STATE ATTORNEY



IN REPLY REFER TO:
POST OFFICE BOX 1040
PANAMA CITY, FL 32402
(850) 872-4473
Barbara.Beasley@sa14.fl.gov

September 14, 2021

E.A. 602 Summitt Pointe Way Atlanta, GA 30329

RE:

STATE OF FLORIDA VS MANUEL ALEXANDER HERNANDEZ

Charge:

- I) LEWD OR LASCIVIOUS MOLESTATION
- II) LEWD OR LASCIVIOUS MOLESTATION

Case #: 032020CF03330A Agency Case #: 2053076 SA #: 032020F05648

Dear Arredondo:

This letter is to advise you that on September 10, 2021, the above-named defendant Pled No Contest as Charged. Judge Ana M. Garcia adjudicated the defendant guilty. The defendant was sentenced as follows:

State Prison/Department of Corrections - 4 year (concurrent) Count 1 & 2
Credit for Time served - 382 days
Sex Offender Probation - 10 year
Court Costs and or Fines - \$1,253.00
Civil Judgment for any unpaid money
Psychological / Mental Health evaluation and counseling / treatment (sex counseling)
No contact with victim
Sentenced under Jessica Lunsford Act
Sentenced as a Sexual Offender

If the defendant was sentenced to prison, Florida law provides that a prisoner may be released early. The Department of Corrections is responsible for notifying you. If you change your address or phone number, you must advise the Department of Corrections at 501 S. Calhoun Street, Tallahassee, FL 32399, Attn: Gilbert Barnes, Victim Assistance Coordinator.

If restitution has been ordered in this case, the defendant should be placed on a monthly payment schedule and the Department of Corrections will issue you a check for the amount of restitution collected.

Any property that may have been collected as evidence is usually held until all the appeals are completed.

If you have any questions, please do not hesitate to call.

Sincerely, Larry Basford State Attorney

Barbara F. Beasley Assistant State Attorney

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 33 of 162

Office of the State Attorney

Fourteenth Judicial Circuit of Florida

In and For Bay, Calhoun, Gulf, Holmes, Jackson, and Washington Counties

Larry Basford State Attorney



In Reply Refer to: Post Office Box 1040 Panama City, FL 32402 (850) 872-4473

July 12, 2021

E.A. 602 Summitt Pointe Way Atlanta, GA. 30329

RE:

STATE OF FLORIDA VS MANUEL ALEXANDER HERNANDEZ

Charge: I)

LEWD OR LASCIVIOUS MOLESTATION

II) Clerk's No.:

LEWD OR LASCIVIOUS MOLESTATION

Agency Case #:

032020CF03330A

2053076

SA#:

032020F05648

Please be advised that this case has been rescheduled for August 5, 2021, 9:00 AM Central Time. Please note that all times referenced are Central Time, except for Gulf County which is located in the Eastern Time Zone.

You are welcome to appear at all court proceedings in the case, but you are not required to attend the next court date. If you have any questions or comments, please feel free to contact my office.

Sincerely,

Barbara F. Beasley

Assistant State Attorney

Barbara F. Beasley

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 34 of 162

Office of the State Attorney Fourteenth Judicial Circuit of Florida

In and For Bay, Calhoun, Gulf, Holmes, Jackson, and Washington Counties

Larry Basford State Attorney



In Reply Refer To:
Post Office Box 1040
Panama City, Florida 32402
(850) 872-4473 (phone)
(850) 747-5863 (fax)

June 1, 2021

Ms. Luz Palma 1412 Willow Lake Drive Atlanta, GA 30229

Re:

State of Florida v. Manuel Alexander Hernandez

Case No.: 20-3330

Dear Ms. Palma:

We had a telephone appointment this morning at 11:00 a.m. but I did not hear from you.

It is my understanding that you are interested in the results from the DNA swabs. The laboratory found DNA that connects this Defendant to the swabbing collected from your daughter's right breast and material in her bra.

If you would like to reschedule a telephone meeting, please let me know.

Sincerely,

Barbara F. Beasley

Assistant State Attorney

cc: Blanca McCall, Victim's Advocate

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 35 of 162 Georgia Safety Plan

* #	Date of Plan: 9/1/2020 LUZ PUIMA	
	Present Danger Safety Plan Impending Danger Safety Plan	•
	Case Name: LUZ PM/WW	· ·
	Protection strategies utilized to manage or control safety threats: X In-Home Safety Plan Out of Home Safety Plan	
	Reasonable Efforts Checklist For each safety threat identified, consider the resources available in the family and community that might help to keep the child safe. Select all applicable responses utilized to protect each child. Use family resources, neighbors or individuals in the community as safety resources. Use the community agencies or services as safety resources. The alleged maltreator leaves the home, either voluntarily or through legal action. Have the non-maltreating caregiver move to a safe environment with the child. Have the saregiver(s) place the child outside the home. Cother:	
Total	Safety-threat: Sexual Fondling	
	Strategy to address safety threat (specify responsibilities and timeframe for strategy): BMD, LUZ PMMA, WII NOT ALLOW INSTRUMENT	
	ount's buyfriend around, Evelin, unsupervised. IF boufriend is to return to the name, BMO (blooky) co	il mother
	with contact case manager or law enforcement.	
eración 8	Safety threat:	
	Sexual Allegation .	
	Strategy to address safety threat (specify responsibilities and timeframe for strategy): BMO WILL UTILL OLDEST SON, JONATHAN, AS a Safety provider to supervise Evelin as needed	
	1 · · · · · · · · · · · · · · · · · · ·	

	*				*
#		€:			
			· ·		
	199				
	a: **	9			
1 1467 9 14 1	(4) YY (5)		2.4		
Safety the	reat:				
Official Control					
14	*				
1 20000 3		2 44	and a season of the original		447)
		- 11-1			
			200 May 1 2 2 2 2 4 4 1	1 20 2	
	o address safety threat	(specify respons	bilities and timetram	e for	12
strategy):				30 308	4
	a substance of the	er in early	s skuptov s – stalju	A religion of	e i de la fe
Safety thr	reat:		والمستوار والمستورة والمستوار والأناب		- Kasai
		Service of the servic	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		DI SE
a for the second	war and the second seco			erika seli sensi nya sen Kanada sensa	
- 100					-
Strategy to	address safety threat (specify responsi	bilities and timeframe	e for .	
strategy):					445
				and the second of the second	
Deta disease	sed with caregiver: 9/1,	/20 Caregiver(s) agree with plan? Yes	⊠ No □	
Date copy (of plan provided to caregiy				
			Date: 09/	0/190	nte de la policie n la composition
Caregiver s			Date:	eres francisco	
Caregiver sign:	ature: Jawin	Green	Date: 9 /	1/20	
Supervisor			Date:/_	1 1 2 1 1 1 1 1 1 1	lengt.
*	and the second of the second o		2	0,	
7 55	1003 21 02		11 FEB 6 1 1 1 44 4		£.,



Case 1:23-mi-9999914NA on Proument 3894 nentiled 19/04/23 in Page 37 of 162 USCIS

Department of Homeland Security

Form 1-765

OMB No. 1615-0040 Expires 07/31/2022

U.S. Citizenship and Immigration Services

	Authoriz	zation/Extension	Fee Stam	p		Action Block
	valid Fi	UIN				
For USCI Use	S Valid Tl	zation/Extension nrough				
Only	/	tration Number	A-			
	Remarks					
Boar	rd of Immig	ted by an atto gration Appe presentative	als (BIA)- is attach		Form G-28	Attorney or Accredited Representative USCIS Online Account Number (if any)
ex un ma	ample, if you lless otherwise	have never been directed. If you	married and the question ask r answer to a question which	cs, "Provi requires	de the name o a numeric res	ntely. If a question does not apply to you (for f your current spouse"), type or print "N/A" ponse is zero or none (for example, "How es"), type or print "None" unless otherwise
Part	1. Reason	for Applying		Oth	er Names U	Used The Late of the Control of the
I am a	pplying for (s	select only one b	ox):			ames you have ever used, including aliases,
1.a. [✓ Initial pen	mission to accept	employment.			nicknames. If you need extra space to on, use the space provided in Part 6 .
1.b. [ement of lost, stolen, or damaged employment zation document, or correction of my			itional Inforn	nation.
			document NOT DUE to	2.a.	Family Nam (Last Name)	c
	U.S. Citize error.	enship and Immi	gration Services (USCIS)	2.b.	Given Name (First Name)	
	authorizat	ion document du	rection) of an employment e to USCIS error does not	2.c.	Middle Nam	е
			and filing fee. Refer to ror in the What is the	3.a.	Family Name (Last Name)	2
	Filing Fee further det		orm I-765 Instructions for	3.b.	Given Name (First Name)	
1.c. [* I	to accept employment. vious employment	3.c.	Middle Nam	e
	authorizat	ion document.)		4.a.	Family Nam (Last Name)	2
Part	2. Informa	ntion About Y	ou	4.b.	Given Name (First Name)	
Your	Full Legal	Name		4.c.	Middle Nam	2
	Family Name (Last Name)	Palma Ozuna				
1.b. (Given Name First Name)	Luz				
1.c. N	Middle Name	Adriana				

		14.	Do you want the SSA to issue you a Social Security card?
	t 2. Information About You (continued)	14.	(You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)
You	ur U.S. Mailing Address		✓ Yes No
5.a.	In Care Of Name (if any)		NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item
5.b.	Street Number and Name 602 Summit Pointe Way		Number 15.
5.c.	Apt. Ste. Flr.	15.	Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a
5.d.	City or Town Atlanta		Social Security card. Yes No
5.e.	State GA 5.f. ZIP Code 30329		NOTE: If you answered "Yes" to Item Numbers 14 15. , provide the information requested in Item
6.	Is your current mailing address the same as your physical address? Yes No		Numbers 16.a 17.b.
	NOTE: If you answered "No" to Item Number 6.,	Fath	er's Name
	provide your physical address below.	Prov	ide your father's birth name.
U.S	. Physical Address	16.a.	Family Name (Last Name) Palma Hidalgo
7.a.	Street Number and Name 602 Summit Pointe Way	16.b	Given Name (First Name) Celerino
7.b.	Apt. Ste. Flr.	Mot	ner's Name
7.c.	City or Town Atlanta	Prov	ide your mother's birth name.
7.d.	State GA 7.e. ZIP Code 30329	17.a.	Family Name (Last Name) Ozuna De Palma
Oth	er Information	17.b.	Given Name (First Name)
8.	Alien Registration Number (A-Number) (if any) ► A- N/A		er Country or Countries of Citizenship or ionality
9.	USCIS Online Account Number (if any)	List : If yo	all countries where you are currently a citizen or national. u need extra space to complete this item, use the space
10.	Gender Male Female		ded in Part 6. Additional Information. Country
11.	Marital Status	10.4.	Mexico
	Single Married Divorced Widowed	18.b.	Country
12.	Have you previously filed Form I-765? ☐ Yes ✓ No		
13.a.	Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes V No		
	NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.		
13.b	Provide your Social Security number (SSN) (if known).		

Part 2. Information About You (continued)

Place of Birth
List the city/town/village, state/pro you were born.
19.a. City/Town/Village of Birth

Mexico

ovince, and country where

Acapulco de Juarez 19.b. State/Province of Birth Guerrero 19.c. Country of Birth

Date of Birth (mm/dd/yyyy) 12/15/1981

Information About Your Last Arrival in the **United States**

21.a. Form I-94 Arrival-Departure Record Number (if any)

21.b. Passport Number of Your Most Recently Issued Passport G30741765

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document Mexico

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 10/31/2021

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 2003

Place of Your Last Arrival Into the United States Arizona

Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status) **EWI**

Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Pending Uvisa

Student and Exchange Visitor Information System (SEVIS) Number (if any)

	_	1	_
•	N-		

Information About Your Eligibility Category

Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

19) (c)(3)(C) STEM OPT Eligibility Category. If you

entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a. - 28.c.

28.a. Degree 28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

(c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

(c)(8) Eligibility Category If you entered the eligibility category (c)(8) in Item Number 27., provide the information requested in Item Numbers 30.a. - 30.g.

30.a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country?

NOTE: If you answered "Yes" to Item Number 30.a., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) of the Form I-765 Instructions for information about providing court dispositions.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you MUST provide evidence of your lawful entry.)

Yes No

30.c. If you answered "No" to **Item Number 30.b.**, did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country? Yes ☐ No

Part 2. Information About You (continued) If you answered "Yes" to Item Number 30.c., provide the	Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature
following information: 30.d. Date you presented yourself to DHS 30.e. Location where you presented yourself to DHS	NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.
Sole: Ededition where you presented yourself to 2115	Applicant's Statement
30.f. Country of claimed persecution	NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.
30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If	1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
you need extra space to complete this item, use the space provided in Part 6. Additional Information .	1.b. The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in
	a language in which I am fluent, and I understood everything.
	2. At my request, the preparer named in Part 5.,
	Elizabeth Matherne prepared this application for me based only upon information I provided or authorized.
NOTE: Refer to the Special Filing Instructions for Those	miormation i provided of audionized.
With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.	Applicant's Contact Information
	3. Applicant's Daytime Telephone Number
31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please	(404) 483-2379
provide the receipt number of your Form I-797 Notice for	4. Applicant's Mobile Telephone Number (if any)
Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number	(404) 483-2379
27., please provide the receipt number of your spouse's or	5. Applicant's Email Address (if any)
parent's Form I-797 Notice for Form I-140.	adriannapalmas57@yahoo.com
31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? Yes No	6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

NOTE: If you answered "Yes" to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories,

Items 8. - 9., in the Who May File Form I-765 section of

the Form I-765 Instructions for information about

providing court dispositions.

Page 4 of 7

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

App	plicant's Signature		
7.a.	Applicant's Signature		

7.b. Date of Signature (mm/dd/yyyy)

11-22-2021

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

Interpreter's Family Name (Last Name)
 Interpreter's Given Name (First Name)
 Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a.	and Name	
3.b.	Apt. S	Ste. Flr.
3.c.	City or Town	
3.d.	State	3.e. ZIP Code
3.f.	Province	
3.g.	Postal Code	
3.h.	Country	

Interpreter's Contact Information

nterpreter's Day	ytime Telephone Number
nterpreter's Mo	bile Telephone Number (if any)
iterpreter's Em	ail Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and which is the same language specified in Part 3., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's	Signature
---------------	-----------

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

11/22/2021

Part 5. Contact Information, Declaration, an	d
Signature of the Person Preparing this	
Application, If Other Than the Applicant	

Provide the following information about the preparer.

•	Preparer's Family Name (Last Name)			
	Matherne			
•	Preparer's Given Name (First Name)			
	Elizabeth			
	Preparer's Business or Organization Name (if any)			
	Kuck Baxter Immigration LLC			
e	parer's Mailing Address			
	Street Number and Name P.O. Box 501359			
	Apt. Ste. Flr.			
	City or Town Atlanta			
•	State GA 3.e. ZIP Code 31150			
	Province			
	Postal Code			
	Country			
	United States			
P	parer's Contact Information			
-4	Preparer's Daytime Telephone Number			
	(229) 472-5758			
	Preparer's Mobile Telephone Number (if any)			
	Preparer's Email Address (if any)			
	ematherne@immigration.net			

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

12/9/21

Pa	rt 6. Additio	nal I	nformation			5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withing space composition of particular composition of the composition	in this application than what is problete and file with the per. Type or profeach sheet; incomment to what sheet.	on, use ovided the this a int you hicate the	rovide any addit the space below , you may make application or at r name and A-N he Page Numbe ar answer refers;	. If yo copies tach a fumber er, Par	u need more s of this page to separate sheet (if any) at the t Number, and	5.d.					
	Family Name (Last Name)	Palma	o Ozuna								
1.b.	Given Name (First Name)	Luz									
1.c.	Middle Name	Adriar	па								
2.	A-Number (if	any) 🕨	► A-								
3.a. 3.d.	Page Number	3.b.	Part Number	3.c.	Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
4.a.	Page Number	4.b.	Part Number	4.c.	Item Number	7.a. 7.d.	Page Number	7.b.	Part Number	7.c.	Item Number

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 44 of 162

Supplement A, Petition for Qualifying Family Member of U-1 Recipient



Department of Homeland SecurityU.S. Citizenship and Immigration Services

USCIS Form I-918 OMB No. 1615-0104 Expires 04/30/2021

	R	temarks		Receipt				Action Block
Fo USC Us	CIS							
On	U.S.	Validity Dates (1	nın/dd/yyyy) Wai i	t Listed				
	Embassy	From:/	1					
	Consulate	To:/	/ Star	np Number Date	e (mm	/dd/yyyy)		
atte	be completed to orney or accreo oresentative (if	dited For	ct this box if m G-28 is ched.	Attorney Star (if applicable) FL 53540, GA)			Accredited Representative e Account Number (if any)
▶ 8	START HERE	- Type or print	in black or blue	ink.				
NOT	E: The recipie	nt of the U-1 nor		fication is referre	ed to a	as the "prin	cipal." His or he	er family members are referred
1000	t 1. Family ncipal)	Member's Re	elationship To				mation Abou ber (Derivativ	nt Your Qualifying ve)
1.	The family me	mber that I am fi	ling for is my]		Family Nai (Last Name		3
	Spouse	Parent	Child	1		(Last Name Given Nam		
	Unmarried	d sibling under 18	8 years of age			(First Nam		
				1	1.c.	Middle Nai	me	
Par	t 2. Informa	ation About Y	ou (Principal)		Other	Names IIs	sed (Include maid	den name, nicknames, and
1.a.	Family Name	Palma Ozuna				s, if applical		ien name, meknames, and
1.b.	(Last Name) Given Name					Family Nar		N/A
1.0.	(First Name)	Luz Adriana				(Last Name Given Nam	1	N/A
1.c.	Middle Name					(First Name		IN/PC
	Name of the second		11217011		2.c.	Middle Nai	me	N/A
Oth	er Informati	on		r	NOTE	E: If you no	eed extra space to	o complete this section, use the
2.	Date of Birth (mm/dd/yyyy)	12/15/1981	S	space	provided in	Part 11. Additi	onal Information.
3.	Alien Registra	tion Number (A-	Number) (if any)		Resid State		Intended Res	idence in the United
4	TIGOTO O II	A 37 1	('.C. \	3		Street Num	ber 602 Summit	t Pointe Way
4.	USCIS Online	Account Numbe	er (11 any)		_	and Name	4	
_	Status C	Earna I 019			3.b. [Apt.	Ste. Flr	
5.	Status of your		Pending A	Approved	3.c. (City or Tov	vn Atlanta	

3.e. ZIP Code 30329

3.d. State GA

		tion About Your Qualifying (The Derivative) (continued)	17.	Date of Issuan (mm/dd/yyyy)	ce for Passport or Ti	06/29/2020
			18.	Expiration Da	te for Passport or Tra	
	· ·	lress (if other than Residence)	10.	(mm/dd/yyyy)		06/29/2023
4.a.	In Care Of Nam	e N/A				
			Pa	rt 4. Additio	nal Information	About Your
4.b.	Street Number and Name	N/A	Qu	alifying Fam	ily Member	
4.c.	Apt. St		imn		for your family me	last entry, and curren ember if he or she is
4.d.	City or Town	N/A		•		States (mm/dd/yyyy)
4.e.	State N/A	4.f. ZIP Code N/A	1.a.	Date of Last E	ntry into the Officed	08/2007
4.g.	Province	19/74	Plac	e of Last Entry i	nto the United State	
4.h.	Postal Code	N/A		City or Town	N/	
4.i.	Country		1.c.	State TX	ì	
		N/A	1.d.			
0.1	T.C.	41 10 PC : E 3	1.u.	EWI	ration Status	
	ier Informatio mber	n About Qualifying Family				ry, and status at entry
5.6.	A-Number (if ar U.S. Social Secu	ny) ► A- N/A urity Number (if any) ► N/A	prev in tl	viously traveled ne United States		s but is not currently States (mm/dd/yyyy)
7.	USCIS Online A	Account Number (if any)			•	08/2007
, ,	•	N/A	Plac	e of Last Entry is	nto the United States	5
8.	Date of Birth (n	nm/dd/yyyy) 12/15/1981	2.b.	City or Town		N/A
9.	Country of Birth	1	2.c.	State TX	7	
	Mexico		2.d.	7	그 ed Stay Expired (mm	n/dd/yyyy)
10.	Country of Citiz	enship or Nationality				N/A
	Mexico		2.e.	Status at the Ti	me of Entry (for exa	imple, F-1 student,
11,	Marital Status			B-2 tourist, ent	ered without inspect	ion)
	Single	Married Divorced Widowed		EWI		
12.	Gender N	Male 🔽 Female				
13.	Form I-94 Arriv	al-Departure Record Number ► N/A				
14.	Passport Numbe	r G37122868				
15.	Travel Documer	nt Number N/A				
16.	Country of Issua	nce for Passport or Travel Document				
	Mexico					

		nal Informat ily Member (ion About Your (continued)	6.a. 6.b.	Family Name (Last Name) Given Name	
If yo	ur family mem	ber is outside tl	he United States, provide	0.0.	(First Name)	
			cility or a safe foreign if this supplement is	6.c.	Middle Name	
	oved.	i want notified	in this supplement is	6.d.	Date Marriage Ended (mm/dd/yyy	y)
3.a.	Type of Office	(Select only on	e box):	6.e.	Where did the marriage end?	
	U.S. Cons	_	Flight Inspection	0.01		
	Port-of-E			6.f.	How did the marriage end?	
3.b.	City or Town					
3.c.	State			Oth	her Information	
3.d.	Country			7.a.	Your family member was or is in	immigration
					proceedings.	Yes No
(if ot			Want Notification Sent ight Inspection, or	fami in pr men the a spac	ou answered "Yes," select the type of ily member was in proceedings in the roceedings, provide the date of action other is currently in proceedings, type appropriate date field. Select all apprese provided in Part 11. Additional I	e past and is no longer n. If your family e or print "Current" in blicable boxes. Use the
4.b.	Apt.	Ste. Flr.			xplanation.	
4.c.	City or Town			7.b.	Removal Proceedings Removal Date (mm/dd/yyyy)	NI/A
4 d	Province			-		N/A
4.u.	Tiovinee			7.c.	Exclusion Proceedings Exclusion Date (mm/dd/yyyy)	N/A
4.e.	Postal Code			7)		IN/A
4.f.	Country			7.d.	Deportation Proceedings Deportation Date (mm/dd/yyyy)	N/A
				-		IV/A
If yo	ur family mem	ber was previoi	ısly married, list the	7.e.	Rescission Proceedings Rescission Date (mm/dd/yyyy)	A 1 / A
nam	es of your fami	ly member's pr	ior spouses and the dates	= c		N/A
			ted. You must attach or death certificates.	7.f.	Judicial Proceedings Judicial Date (mm/dd/yyyy)	D1/0
5.a.	Family Name	N/A		8.	Your family member would like as	N/A Temployment
5 h	(Last Name) Given Name			•	Authorization Document.	Yes No
3.0.	(First Name)	N/A			NOTE: If you answered "Yes," so	hmit Form I-765
5.c.	Middle Name	N/A			Application for Employment Auth	orization Document,
5.d.		Ended (mm/dd/y	yyyy) N/A		separately. If your family member United States, he or she is not eligi employment authorization until he	ble to receive
5.e.	Where did the				admitted to the United States. Do	not file Form I-765 for
		N/A			a family member living outside the	: United States.
5.f.	How did the m	arriage end?				
		N/A				

Part 5. Processing I	nformation
----------------------	------------

Answer the following questions about the family member for whom you are filing this supplement. For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your family member that he or she no longer has a record.

NOTE: If you answer "Yes" to ANY question in Part 5., provide an explanation in the space provided in Part 11. Additional Information.

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of U-1 Recipient.

Supp Recip	lement A, Petition for Qualifying Fam: pient.	ily Membe	r of U-1
Has y	your family member EVER:		
1.a.	Committed a crime or offense for whit been arrested?	ch he or sh	
1.b.	Been arrested, cited, or detained by ar officer (including Department of Hom (DHS), former Immigration and Natio (INS), and military officers) for any re-	neland Section	urity
		Yes	✓ No
1.c.	Been charged with committing any cr	ime or offe	
1.d.	Been convicted of a crime or offense was subsequently expunged or pardor		e violation
		Yes	✓ No
1.e.	Been placed in an alternative sentenci program (for example, diversion, defe- withheld adjudication, deferred adjud-	erred prose	
		Yes	✓ No
1.f.	Received a suspended sentence, been or been paroled?	placed on	
1.g.	Been held in jail or prison?	Yes	✓ No
1.h.	Been the beneficiary of a pardon, amr or other act of clemency or similar act		oilitation,
		Yes	✓ No
1.i.	Exercised diplomatic immunity to avec criminal offense in the United States?		tion for a No

Info	rmation About Arrests, Citations, Detentions, or Charges
2.a	Why was your family member arrested, cited, detained, or charged?
	N/A
2.b.	Date of arrest, citation, detention, or charge (mm/dd/yyyy) N/A
Whe char	re was your family member arrested, cited, detained, or ged?
2.c.	City or Town N/A
2.d.	State N/A
2.e.	Country
	N/A
2.f.	Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)
	N/A
3.a	Why was your family member arrested, cited, detained, or charged?
	N/A
3.b.	Date of arrest, citation, detention, or charge (mm/dd/yyyy) N/A
Whe charg	re was your family member arrested, cited, detained, or ged?
3.c.	City or Town N/A
3.d.	State N/A
3.e.	Country
	N/A

3.f. Outcome or disposition (for example, no charges filed,

charges dismissed, jail, probation)

N/A

Par	rt 5. Processing Information (continue	d)		your family member EVER been a me ey or members for, provided support fo		
Has	your family member EVER:			train	ing (as defined in section 2339D(c)(1) of	of Title 18,	United
4.a.	Engaged in, or does he or she intend prostitution or procurement of prostit		in,	grou whic	es Code) by or on behalf of, or been asso p of two or more individuals, whether h has been designated as, or has engag roup which has been designated as, or	organized oged in or ha	or not, s a
4.b.	Engaged in any unlawful commercial but not limited to, illegal gambling?	ized vice,	including, No	6.a.	A terrorist organization under section Immigration and Nationality Act (IN		2
4.c.	Knowingly encouraged, induced, assi	sted, abett	ed. or			Yes	✓ No
	aided any alien to try to enter the Uni			6.b.	Hijacking or sabotage of any conveya aircraft, vessel, or vehicle)?	ance (inclu Yes	ding an No
4.d.	Illicitly trafficked in any controlled su assisted, abetted, or colluded in the ill controlled substance?	icit trafficl	cing of any ✓ No	6.c.	Seizing or detaining, and threatening continue to detain, another individual third person (including a government do or abstain from doing any act as a condition for the release of the indivi	l in order to al organiza n explicit o	o compel a ation) to or implicit
	your family member EVER committed cipated in, threatened to, attempted to,	_			detained?	Yes	∨ No
_	ered information for, or solicited funds wing:	for any of	the	6.d.	Assassination?	Yes	✓ No
5.a.	Hijacking or sabotage of any conveys aircraft, vessel, or vehicle)?	nce (inclu	ding an No	6.e.	The use of any firearm with intent to indirectly, the safety of one or more i substantial damage to property?		
5.b.	Seizing or detaining, and threatening continue to detain, another individual third person (including a government do or abstain from doing any act as a condition for the release of the individual detained?	in order to al organiza n explicit o	o compel a ation) to or implicit	6.f.	The use of any biological agent, chemweapon or device, explosive, or other device, with intent to endanger, direct safety of one or more individuals or to damage to property?	nical agent, weapon or ly or indire	nuclear dangerous
5.c.	Assassination?	Yes	✓ No	6.g.	Soliciting money or members or othe material support to a terrorist organiz		iding
5.d.	The use of any firearm with intent to indirectly, the safety of one or more i	ndividuals				Yes	✓ No
5.e.	cause substantial damage to property. The use of any biological agent, chem		✓ No . nuclear	Does State	your family member intend to engage s in:	in the Uni	ted
	weapon or device, explosive, or other	weapon o	r	7.a.	Espionage?	Yes	✓ No
	dangerous device, with intent to enda indirectly, the safety of one or more i cause substantial damage to property'	ndividuals		7.b.	Any unlawful activity, or any activity which is in opposition to, or the contra the Government of the United States?	ol, or over	
				7.c.	Solely, principally, or incidentally in to espionage or sabotage or to violate the export of goods, technology, or se	any law in	ivolving
						Yes	∨ No
	ý.			8.	Has your family member EVER beer continue to be a member of the Commutotalitarian party, except when membin involuntary?	nunist or o	ther
					mvolumary:	Yes Yes	✓ No

Part 5.	Processing	Information	(continued)
---------	-------------------	-------------	-------------

Par	t 5. Processing Information (c	continue	d)	Has	your family member EVER:		
9.	Has your family member EVER , duri March 23, 1933 to May 8, 1945, in as the Nazi Government of Germany or government associated or allied with	ing the per sociation any organ	riod of with either ization or	13.a	Served in, been a member of, assiste in any military unit, paramilitary unit defense unit, vigilante unit, rebel gromilitia, or other insurgent organization.	t, police un oup, guerilla	it, self-
	of Germany, ordered, incited, assisted	l or otherv	vise			Yes Yes	✓ No
	participated in the persecution of any race, religion, nationality, membershi social group or political opinion?		ricular	13.b	. Served in any prison, jail, prison can labor camp, or any other situation the		
	Control of Landson Land	res	✓ No		persons?	Yes	✓ No
comr	your family member EVER ordered, in nitted, assisted, helped with, or otherwe following:			13.c.	Served in, been a member of, assiste in any group, unit, or organization of you or other persons transported, pos	f any kind i	n which
10.a.	Acts involving torture or genocide?	Yes	✓ No		type of weapon?	Yes	✓ No
10.b.	Killing any person?	Yes	№ No	Nun	Γ E: If you answered "Yes" to any que nbers 13.a 13.c. , please describe the		
10.c.	Intentionally and severely injuring an	y person?		Part	11. Additional Information.		
		Yes	✓ No	Has	your family member EVER:		
10.d.	Engaging in any kind of sexual condu			14.a	Received any type of military, parantraining?	nilitary, or v	weapons No
		Yes Yes	✓ No	14.b	. Been a member of, assisted in, or par		
10.e.	Limiting or denying any person's abil	ity to exei	rcise		group, unit, or organization of any ki	ind in whicl	h you or
	religious beliefs?	Yes Yes	✓ No		other persons used any type of weapon or threatened to do so?	on against a	ny person No
10.f.	The persecution of any person becaus national origin, membership in a parti			14.c.	Assisted or participated in selling or	providing v	weapons to
	or political opinion?	Yes	✓ No		any person who to your knowledge us another person, or in transporting we		
10.g.	Displacing or moving any person from force, threat of force, compulsion, or		sidence by		who to your knowledge used them as person?	gainst anoth Yes	ner No
		Yes	✓ No	NOT	TE: If you answered "Yes" to any que	stion in Ite	m
Num	E: If you answered "Yes" to any quesbers 10.a 10.g., please describe the sprovided in Part 11. Additional Inf	circumsta	nces in the		bers 14.a 14.c., please describe the 11. Additional Information.	circumstan	ices in
space	•			Has	your family member EVER:		
11.	Has your family member EVER advo person commit any of the acts describ Numbers 10.a 10.g. , urged, or enco	ed in Iten	n	15.a.	Recruited, enlisted, conscripted, or use years of age to serve in or help an armore.		
	person, to commit such acts?	Yes	№ No			Yes	✓ No
_	your family member EVER been prese person was:	ent or near	by when	15.b	. Used any person under 15 years of a hostilities, or to help or provide servi combat?		
12.a.	Intentionally killed, tortured, beaten,	or injured'	?	1.0	TO COMPANY	11	•
		Yes	✓ No	16.	Is your family member NOW in remorescission, or deportation proceedings	s?	
12.b.	Displaced or moved from his or her recompulsion, or duress?					Yes	✓ No
		Yes	✓ No	17.	Has your family member EVER had rescission, or deportation proceeding		
12.c.	In any way compelled or forced to en sexual contact or relations?	gage in an	y kind of No		him or her?	Yes	✓ No

Par	t 5. Processing Information (continued)	29.c.		member NOW or l	has your family member
18.	Has your family member EVER been removed, ex or deported from the United States? Yes		L v Ext occin a	arag abaser or drag	Yes No
19.	Has your family member EVER been ordered to be removed, excluded, or deported from the United St	rates? Far	nily Member	ntion About Yo	or Children
20.	Has your family member EVER been denied a visa denied admission to the United States? Yes	Prov a or spou No secti	se and/or childre		t your family member's ra space to complete this 11. Additional
21.	Has your family member EVER been granted volu departure by an immigration officer or an immigrat judge and failed to depart within the allotted time? Yes		Family Name (Last Name) Given Name (First Name)	N	
22.	Is your family member NOW under a final order or		Middle Name		N/A
	penalty for violating section 274C of the INA (prod and/or using false documentation to unlawfully sati	ducing isfy a 2.	Date of Birth (N/A
	103	· · · .	Country of Bir		
23.	Has your family member EVER , by fraud or willful misrepresentation of a material fact, sought to proceed	ure or	D. I 1.	N/A	
	procured a visa or other documentation, for entry ir United States or any immigration benefit?		Relationship	N/A	
	Yes v	No 5.a.	Family Name	N/A	4
24.	Has your family member EVER left the United State avoid being drafted into the U.S. Armed Forces or		(Last Name) Given Name	1	
	Coast Guard?		(First Name)		N/A
25.	Has your family member EVER been a J nonimmig	5.c.	Middle Name		I/A
	exchange visitor who was subject to the 2-year fore residence requirement and not yet complied with the	eign 6.	Date of Birth (N/A
	requirement or obtained a waiver of such?	7. 7 No	Country of Bir	N/A	
26.	Has your family member EVER detained, retained, withheld the custody of a child, having a lawful cla	or e	Relationship		
	United States citizenship, outside the United States			N/A	
	United States citizen granted custody? Yes	No 9.a.	Family Name	N/	A
27.	Does your family member plan to practice polygam the United States?	ny in 9.b.	(Last Name) Given Name (First Name)		N/A
28.	Has your family member EVER entered the United	States 9.c.	Middle Name		N/A
	as a stowaway?	No 10		(11)	
29.a.	Does your family member NOW have a communic		Date of Birth (1		N/A
	disease of public health significance? Yes	No 11.	Country of Birt		
29.b.	Does your family member NOW have or has your tember EVER had a physical or mental disorder a		Relationship	N/A	
	behavior (or a history of behavior that is likely to reassociated with the disorder which has posed or ma	ecur)		N/A	
	a threat to the property, safety, or welfare of yourse			3.00	
	others?	' No			

Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2**.

1.a. I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
1.b. The interpreter named in Part 9. read to me every question and instruction on this supplement and my

a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in Part 10.,

Elizabeth Matherne

answer to every question in

prepared this supplement for me based only upon information I provided or authorized.

Petitioner's Contact Information

etitioner's M	obile Telephone Number (if any)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
otition oulo Er	mail Address (if any)
tioner's Fr	nail Address (if any)

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my supplement;
- 2) I reviewed and understood all of the information in, and submitted with, my supplement; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my supplement and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a.	Petitioner's Signature (sign in ink)	
-	hold Kan	
6.h.	Date of Signature (mm/dd/vvvv)	11-22-2071

NOTE TO ALL PETITIONERS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement.

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Qualifying Family Member's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2**.

1.a.	I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
1.b.	The interpreter named in Part 9. read to me every question and instruction on this supplement and my answer to every question in
	a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in Part 10.,

Elizabeth Matherne

prepared this supplement for me based only upon information I provided or authorized.

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature (continued)

Qualifying Family Member's Contact Information

- 3. Qualifying Family Member's Daytime Telephone Number (404) 483-2379
- 4. Qualifying Family Member's Mobile Telephone Number (if any)

 (404) 483-2379
- 5. Qualifying Family Member's Email Address (if any) adriannapalmas57@yahoo.com

Qualifying Family Member's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my supplement;
- 2) I reviewed and understood all of the information in, and submitted with, my supplement; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my supplement and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.

Qualifying Family Member's Signature

6.a.	Qualifying Family Member's Signature (sign in ink)
	Youatlan Nalma
6.b.	Date of Signature (mm/dd/yyyy) [11/22/1202]
you o	TE TO ALL QUALIFYING FAMILY MEMBERS: If do not completely fill out this supplement or fail to submit ired documents listed in the Instructions, USCIS may deny supplement.
	t 9. Interpreter's Contact Information,
Cer	tification, and Signature
Prov	ide the following information about the interpreter.
Inte	erpreter's Full Name
1.a.	Interpreter's Family Name (Last Name)
1.b.	Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name (if any)
Inte	erpreter's Mailing Address
3.a.	Street Number and Name
3.b.	Apt. Ste. Flr.
3.c.	City or Town
3.d.	State 3.e. ZIP Code
3.f.	Province
3.g.	Postal Code
3.h.	Country
Inte	erpreter's Contact Information
4.	Interpreter's Daytime Telephone Number
5.	Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)

Certification, and Signature (con	formation, P	Preparer's Mailing Address
cer timeation, and signature (con	ntinued) 3.a	TP U BOX 3111.339
Total Confidentian		and Name
Interpreter's Certification	3.1	b. Apt. Ste. Flr.
I certify, under penalty of perjury, that:	3.0	c. City or Town Atlanta
I am fluent in English and	•	Allanta
which is the same language specified in Pa 1.b., and Part 8. Item Number 1.b., and I		d. State GA 3.e. ZIP Code 31150
petitioner and qualifying family member in		f. Province
language(s) every question and instruction	n on this supplement	
and the petitioner's and qualifying family nevery question. The petitioner and qualify		g. Postal Code
informed me that they understand every inc		h. Country
and answer on the supplement, including the		United States
Declaration and Certification and the Q Member's Declaration and Certification	n and have verified	
the accuracy of every answer.	P	reparer's Contact Information
Vale but to the control of the contr	4.	Preparer's Daytime Telephone Number
Interpreter's Signature		(229) 472-5758
7.a. Interpreter's Signature (sign in ink)	5.	Preparer's Mobile Telephone Number (if any)
7.b. Date of Signature (mm/dd/yyyy)	6.	Preparer's Email Address (if any)
		ematherne@immigration.net
Part 10. Contact Information, De	eclaration, and	
Signature of the Person Preparin	ig this i cution, ii	reparer's Statement
Other Than the Petitioner or Qua	alifying Family 7.2	
Member		have prepared this supplement on behalf of the petitioner and qualifying family member and with the
Provide the following information about th	he preparer.	petitioner's and qualifying family member's consent.
	7.l	b. I am an attorney or accredited representative and my
Preparer's Full Name		representation of the petitioner and qualifying family member in this case extends does not extend
1.a. Preparer's Family Name (Last Name)	:)	beyond the preparation of this supplement.
Matherne		NOTE: If you are an attorney or accredited
1.b. Preparer's Given Name (First Name))	representative whose representation extends beyond
Elizabeth		preparation of this supplement, you may be obliged to submit a completed Form G-28, Notice of Entry of
2. Preparer's Business or Organization 1	Name (if any)	Appearance as Attorney or Accredited Representative,
2. Preparer's Business or Organization 1		with this supplement.

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the petitioner and qualifying family member. The petitioner and qualifying family member then reviewed this completed supplement and informed me that they understand all of the information contained in, and submitted with, this supplement, including the **Petitioner's Declaration and Certification**, and the **Qualifying Family Member's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the petitioner and qualifying family member provided to me or authorized me to obtain or use.

Pre	parer's Signature
8.a.	Preparer's Signature (sign in ink)
8.b.	Date of Signature (mm/dd/yyyy) 12 9 21

Pai	rt 11. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
with space to co shee top co and it	ou need extra space to provide any additional information in this supplement, use the space below. If you need more than what is provided, you may make copies of this page amplete and file with this supplement or attach a separate to f paper. Include your name and A-Number (if any) at the of each sheet; indicate the Page Number, Part Number, Item Number to which your answer refers; and sign and each sheet.	5.d.					
1.a. 1.b. 1.c.	Family Name (Last Name) Given Name (First Name) Middle Name A-Number (if any) A- Page Number 3.b. Part Number 3.c. Item Number	6.a. 6.d.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.							
	Page Number 4.b. Part Number 4.c. Item Number		Page Number	7.b.	Part Number	7.c.	Item Number
4.d.							



Case 1:23-mi-99999 UNA Proument 2894-8 Filed 09/08/22 Page 56 of 162 USCIS

and Security

OMB No. 1615-0040 Expires 07/31/2022

gration Services

	Application For Employm
	Department of Homela
CAND SICO	U.S. Citizenship and Immig

	Authoriz Valid Fr	zation/Extension om		Fee Stam	ıp		Action Block
For USCIS Use	Authorization/Extension Valid Through						
Only	Alien Registration Number A-						
	Remarks						
Board	l of Immig	ted by an atto gration Appea presentative (als (BIA)-	Select the is attack		Form G-28	Attorney or Accredited Representative USCIS Online Account Number (if any)
exar unle man	mple, if you ess otherwise	have never been directed. If you	married and t r answer to a	the question as question whic	ks, "Provi h requires	de the name o a numeric res	ately. If a question does not apply to you (for of your current spouse"), type or print "N/A" sponse is zero or none (for example, "How es"), type or print "None" unless otherwise
Part 1	. Reason	for Applying			Oth	er Names i	Used
am ap l.a. [v] l.b. [Initial peri	select only one be mission to accept ent of lost, stolen	employment		maid comj	en name, and	ames you have ever used, including aliases, nicknames. If you need extra space to on, use the space provided in Part 6 . nation .
	employme	ion document, or ent authorization enship and Immig	document N O	OT DUE to		Family Nam (Last Name) Given Name (First Name)	· ·
	NOTE: R	Replacement (corrion document due			2.c.	Middle Nam	
	require a r Replacem	new Form I-765 a nent for Card Er	nd filing fee. ror in the W	Refer to hat is the	3.a.	Family Nam (Last Name)	
	Filing Feet further det	e section of the Fotails.	orm I-765 Ins	structions for	3.b.	Given Name (First Name)	
l.c. [(Attach a	of my permission copy of your prev			3.c.	Middle Nam	le
	authorizat	ion document.)				Family Nam (Last Name)	
Part 2	Part 2. Information About You			4.b.	Given Name (First Name)		
Your l	Full Legal	Name			4.c.	Middle Nam	ne
(L	mily Name ast Name)	Palma Ozuna					
	ven Name irst Name)	Jonathan					
l.c. M	iddle Name						

	et 2. Information About You (continued) et U.S. Mailing Address	14.	Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.) V Yes No
5.a.	In Care Of Name (if any)		NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item
5.b.	Street Number and Name 602 Summit Pointe Way		Number 15.
5.c. 5.d.	Apt. Ste. Flr. City or Town Atlanta	15.	Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. Yes No
5.e.	State GA 5.f. ZIP Code 30329		NOTE: If you answered "Yes" to Item Numbers
6.	Is your current mailing address the same as your physical address? Yes No		14 15., provide the information requested in Item Numbers 16.a. - 17.b.
	NOTE: If you answered "No" to Item Number 6.,	Fath	er's Name
	provide your physical address below.	Prov	de your father's birth name,
U.S	. Physical Address	16.a.	Family Name (Last Name)
7.a.	Street Number and Name 602 Summit Pointe Way	16.b.	Given Name (First Name)
7.b.	Apt. Ste. Flr.	Motl	ner's Name
7.c.	City or Town Atlanta		de your mother's birth name.
7.d.	State GA 7.e. ZIP Code 30329	17.a.	Family Name (Last Name)
Oth	er Information	17.b.	Given Name (First Name) Luz Adriana
8.	Alien Registration Number (A-Number) (if any) ► A-		r Country or Countries of Citizenship or ionality
9.	USCIS Online Account Number (if any)	List a	all countries where you are currently a citizen or national. In need extra space to complete this item, use the space ded in Part 6. Additional Information.
10.	Gender Male Female	•	Country
11.	Marital Status ✓ Single Married Divorced Widowed		Mexico
12.	Have you previously filed Form I-765? ☐ Yes ✓ No	10.0.	Country
13.a.	Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes V No		
	NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.		
13.b.	Provide your Social Security number (SSN) (if known).		

I	Part 2	Information	About Von	(continued
ı	1 2 1 L Z.		ADDIE TODA	T COHLING L

Place o	of Birth
---------	----------

List the city/town/village, state/province, and country where	
you were born.	

19.a.	City/Town/Village of Birth		
	San Marcos		
19.b.	State/Province of Birth		
	Guerrero		
19.c.	Country of Birth		
	Mexico		
20.	Date of Birth (mm/dd/yyyy)	12/18/2001	

-	ormation About Your Last A	rrival in the
21.a.	Form I-94 Arrival-Departure Reco	ord Number (if any)
	>	
21.b	Passport Number of Your Most Re	ecently Issued Passport
	G37122869	
21.c.	Travel Document Number (if any))
21.d	Country That Issued Your Passpor	rt or Travel Document
	Mexico	
21.e.	Expiration Date for Passport or Tr	avel Document
	(mm/dd/yyyy)	06/29/2023
22.	Date of Your Last Arrival Into the	United States, On or
	About (mm/dd/yyyy)	08/2007
22	Dlace of Vour Lost Arrival Into the	a United States

Place of Your Last Arrival Into the United States Texas

- Immigration Status at Your Last Arrival (for example, 24. B-2 visitor, F-1 student, or no status) **EWI**
- Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Pending Uvisa

26.	Student and Exchange Visitor Information System
	(SEVIS) Number (if any)

Information About Your Eligibility Category

27.	Eligibility Category. Refer to the Who May File Form
	I-765 section of the Form I-765 Instructions to determine
	the appropriate eligibility category for this application.
	Enter the appropriate letter and number for your eligibility
	category below (for example, (a)(8), (c)(17)(iii)).
	(A)(20)())

28.	(c)(3)(C) STEM OPT Eligibility Category. If you
	entered the eligibility category (c)(3)(C) in Item Number
	27., provide the information requested in Item Numbers
	28.a 28.c.

28.a.	Degree
28.b.	Employer's Name as Listed in E-Verify
28.c.	Employer's E-Verify Company Identification Number or a

Valid E-Verify Client Company Identification Number

29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

/I.	

- (c)(8) Eligibility Category If you entered the eligibility category (c)(8) in Item Number 27., provide the information requested in Item Numbers 30.a. - 30.g.
- 30.a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country?

_		
Item	Number 30.a.,	
s for	Those With	

☐ Yes ☐ No

NOTE: If you answered "Yes" to refer to Special Filing Instruction Pending Asylum Applications (c)(8) of the Form I-765 Instructions for information about providing court dispositions.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you MUST provide evidence of your lawful entry.)

I I Y PS I I NO

30.c. If you answered "No" to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country? Yes

Part 2. Information About You (continued) If you answered "Yes" to Item Number 30.c., provide the following information:	Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature
30.d. Date you presented yourself to DHS 30.e. Location where you presented yourself to DHS	NOTE: Read the Penalties section of the Form 1-765 Instructions before completing this section. You must file Form I-765 while in the United States.
The state of the s	Applicant's Statement
30.f. Country of claimed persecution	NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.
30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.	 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question. 1.b. The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in a language in which I am fluent, and I understood
NOTE: Refer to the Special Filing Instructions for Those	everything. 2. At my request, the preparer named in Part 5., Elizabeth Matherne prepared this application for me based only upon information I provided or authorized.
With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.	Applicant's Contact Information 3. Applicant's Daytime Telephone Number
31.a. (c)(35) and (c)(36) Eligibility Category. If you entered	(404) 483-2379
the eligibility category (c)(35) in Item Number 27. , please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you	4. Applicant's Mobile Telephone Number (if any) (404) 483-2379
entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse's or	5. Applicant's Email Address (if any)
parent's Form I-797 Notice for Form I-140.	adriannapalmas57@yahoo.com
31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? Yes No	6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.
NOTE: If you answered "Yes" to Item Number 31.b.	Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

refer to Employment-Based Nonimmigrant Categories,

Items 8. - 9., in the Who May File Form I-765 section of

the Form I-765 Instructions for information about

providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

App	olicant's Signature	
7.a.	Applicant's Signature	
\Rightarrow	Jonethan Palma	
7.b.	Date of Signature (mm/dd/yyyy)	11 1221 2021

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

a.	Interpreter's Family Name (Last Name)
b.	Interpreter's Given Name (First Name)
	Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature

Inte	erpreter's Mai	ling Address
3.a.	Street Number and Name	
3.b.	Apt. S	te. Flr,
3.c.	City or Town	
3.d.	State	3.e. ZIP Code
3.f.	Province	
3.g.	Postal Code	
3.h.	Country	
Inte	erpreter's Con	tact Information
4.	Interpreter's Da	ytime Telephone Number
5.	Interpreter's Mo	bile Telephone Number (if any)
6.	Interpreter's Em	ail Address (if any)
		V du plusow w HABERIII a tech
	erpreter's Ceri	
I cer	tify, under penalt	y of perjury, that:
whice 1.b., every answ she usuappli	and I have read to y question and instance to every quest understands every lication, including	guage specified in Part 3., Item Number to this applicant in the identified language struction on this application and his or her ion. The applicant informed me that he or instruction, question, and answer on the the Applicant's Declaration and is verified the accuracy of every answer.
Inte	erpreter's Sign	nature
7.a.	Interpreter's Sig	nature
		,,,, =
7.b.	Date of Signatur	re (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and	ıd
Signature of the Person Preparing this	
Application, If Other Than the Applicant	

Provide the following information about the preparer.

	Preparer's Family Name (Last Name)						
	Matherne						
	Preparer's Given Name (First Name)						
	Elizabeth						
	Preparer's Business or Organization Name (if any)						
	Kuck Baxter Immigration LLC						
?	parer's Mailing Address						
	Street Number and Name P.O. Box 501359						
	Apt. Ste. Flr.						
	City or Town Atlanta						
	State GA 3.e. ZIP Code 31150						
	Province						
	Postal Code						
	Country						
	United States						
,	parer's Contact Information						
ľ							
	Preparer's Daytime Telephone Number (229) 472-5758						
	Preparer's Mobile Telephone Number (if any)						
	Preparer's Email Address (if any)						
	ematherne@immigration.net						

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the
 - preparation of this application.

 NOTE: If you are an attorney or accredited representative, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

12/9/21

Pa	rt 6. Additio	nal Ir	ıformation			5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withis space compof partop of Item each	u need extra spa in this application than what is purplete and file with uper. Type or proof each sheet; ind a Number to what sheet.	on, use to ovided, the this a integrate this ich your ich your	he space below. you may make pplication or att name and A-N ne Page Numbe r answer refers;	If you copies tach a sumber r, Par	u need more s of this page to separate sheet (if any) at the t Number, and	5.d.					
	Family Name (Last Name)	Palma	Ozuna								
1.b.	Given Name (First Name)	Luz									
1.c.	Middle Name	Adrian	а								
2.	A-Number (if	any) 🕨	· A-								
3.a.	Page Number	3.b.	Part Number	3.c.	Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.						6.d.					
4.a.	Page Number	4.b.	Part Number	4.c.	Item Number		Page Number	7.b.	Part Number	7.c.	Item Number
4.d.						7.d.					

FOLIO 1327456



Estados Unidos Mexicanos

Acta de Nacimiento

Identificador Electrónico 12053000120210002312



Clave Única de Registro de Población PAOL811215MGRLZZ00

Número de Certificado de Nacimiento

Entidad de Registro

GUERRERO

Municipio de Registro

SAN MARCOS

Oficialía	Fecha de Registro	Llbro	Número de Acta		
0001	18/09/1982	4	542		

Datos de la Persona Registrada

LUZ ADRIANA

PALMA

OZUNA

Nombre(s):

Primer Apellido:

Segundo Apellido:

ACAPULCO DE JUAREZ

MUJER Sexo:

15/12/1981

GUERRERO

Fecha de Nacimiento:

Lugar de Nacimiento:

Datos de Filiación de la Persona Registrada

CELERINO

PALMA

HIDALGO

MEXICANA

Nombre(s):

Primer Apellido:

Segundo Apellido:

Nacionalidad:

CURP:

TERESA

OZUNA

DE PALMA

MEXICANA

Nombre(s):

Primer Apellido:

Segundo Apellido:

Nacionalidad:

CURP:

Anotaciones Marginales:

Certificación:

Se extiende la presente copia certificada, con fundamento en el articulo 302 del Código Civil de Guerrero; 22 fr. XV de la Ley 495 del Registro Civil de Guerrero; 2 fr. XII del Reglamento de la Ley 495 del Registro Civil de Guerrero y 11 de la Ley Número 874 que regula el uso de la Firma Electrónica Certificada de Guerrero. La Firma Electrónica con la que cuenta es vigente a la fecha de expedición; tiene validez jurídica y probatoria de acuerdo a las disposiciones

A LOS 12 DÍAS DEL MES DE AGOSTO DE 2021 DOY FE.

Firma Electrónica:

UE FP TD gx MT lx NU 1H Uk xa W] Aw fE xV WI BB RF JJ QU 5B fF BB TE 1B fE 9a VU 5B fD Ex M] A1 Mz Aw MD Ex OT gy MD A1 ND lw fE Z8 MT UV MT lv MT k4 MX xH VU VS Uk VS T3 xD RU xF Uk lO Ty BQ QU xN QS BI

Maria Atla Anera AlaO

Código QR



Código de Verificación

11205300011982005420



Coordinador Técnico del Sistema Estatal del Registro Civil de Guerrero

LIC. MARIA ADELA HERRERA DE LA O.

encuentra en los archivos del Registro Civil correspondiente, la cual se ha expedido con base en las disposiciones jurídicas aplicables, cuyos datos pueden ser verificados en la página https://cevar.registrocivil.gob.mx/eVAR/ConsultaFolio.jsp ,capturando el Identificador Electrónico que se encuentra en la parte superior derecha del acta, para su consulta en dispositivos móviles, descarga una aplicación para lectura del código QR.



Latin American Association

Latin American Association

a: 2750 Buford Highway, Atlanta, GA 30324

p: 404.638.1829 w: thelaa.org

CERTIFICATION OF TRANSLATION

I do hereby certify as a qualified translator that I know the English and the Spanish languages and can translate between the two, and that, to the best of my knowledge, this is a true and correct translation from <u>Spanish to English of a Birth Certificate</u>.

This translation reflects the style, grammar and tone of the document(s) presented to the Latin American Association.

The certification of translation is in no way an endorsement of the content, authenticity and/or validity of the document(s) presented for translation.

Any erasures or amendments invalidate the certification of translation.

CERTIFICADO DE TRADUCCIÓN

Certifico por la presente que como traductora calificada sé el idioma inglés y el español y puedo traducir entre ambos idiomas, y que a mi leal entender, la presente es una traducción fiel y exacta del español al inglés de un acta de nacimiento.

Esta traducción refleja el estilo, la gramática y el tono del (de los) documento(s) presentado(s) a la Asociación Latinoamericana.

El certificado de traducción no es de ningún modo una confirmación del contenido, la autenticidad y/o la validez del (de los) documento(s) presentado(s) para traducir.

Cualquier tachadura o enmienda invalida el presente certificado de traducción.

Translator / Traductora – Guisella Pásara	
Sworn to and subscribed before me, on October 25	, 2021
Jurado y suscrito ante mí, el 25 de octubre	de 2021

Notary Public / Notario Público



PAGE 1327456 (Bar Code)

the certificate. For consulting in mobile devices, download an app to read QR codes.

[*] Translator's Note:
'LIC.' - An abbreviation for 'Licenciado'a', a term often used in Latin America to denote attorneys or holders of university degrees.



Electronic Identifier 12053000120210002312

(Bar Code)

Unique Population Registration Code (CURP)
PAOL811215MGRLZZ00

(Bar Code)

United Mexican States

Birth Certificate

Birth Certificate Number

State of Registry GUERRERO

Municipality of Registry SAN MARCOS

Office	Registration Date	Book	Certificate Number
0001	09/18/1982	4	542

BALLS SEE AS SELVICES		Registered Child's D	A Brog william ACA BOO HIS			
LUZ ADRIANA		PALMA		ZUNA		
Given Name(s):		First Surname:	Secor	nd Surname:		
			ACAPULCO DE JUAREZ			
FEMALE		12/15/1981	GUERRERO			
Sex:		Date of Birth:	Plac	ce of Birth:		
	Filiation	Data of the Registe	ered Child			
				(Bar Code)		
CELERINO	PALMA	HIDALGO	MEXICAN			
Given Name(s):	First Surname:	Second Surname:	Nationality:	CURP:		
				(Bar Code)		
TERESA	OZUNA	DE PALMA	MEXICAN	2===		
Given Name(s):	First Surname:	Second Surname:	Nationality:	CURP:		
ginal Notes:			Certification:			
THE TOTAL PROPERTY OF THE PROP			This certified copy is issued pursuant to article 30 XV of the Law 495 of the Civil Registry of Guerre Law 495 of the Civil Registry of Guerrero, and 11 regulates the use of the Certified Electronic Sign of the issue date, and it has probative and le provisions on this subject.	ro; 2 section XII of the Regulations of the Law Number 874 of Guerre ature. This Electronic Signature is v		
			ON THE 12 TH DAY OF THE MONTH	OF AUGUST OF 2021.		
			I ATTEST.			
			Electronic Signature:			
		(Alpha	inumeric sequence)			
(QR code)			(Signature)	QR code		
	Verification Code 11205300011982005420 (Bar Code)	Technical Coordinator of the State System of the Civil Registry of Guerrero				

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 67 of 162

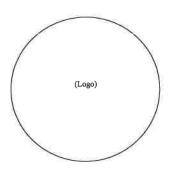
(Reverse side)

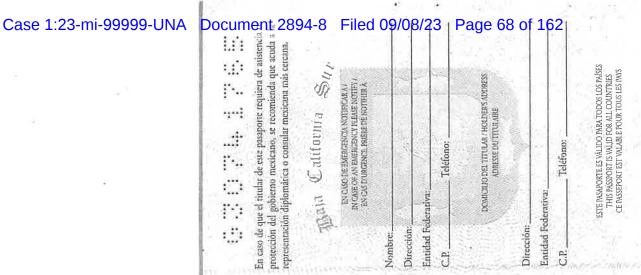
(QR code)



GENERAL DIRECTORATE OF THE NATIONAL REGISTRY OF POPULATION AND PERSONAL IDENTIFICATION

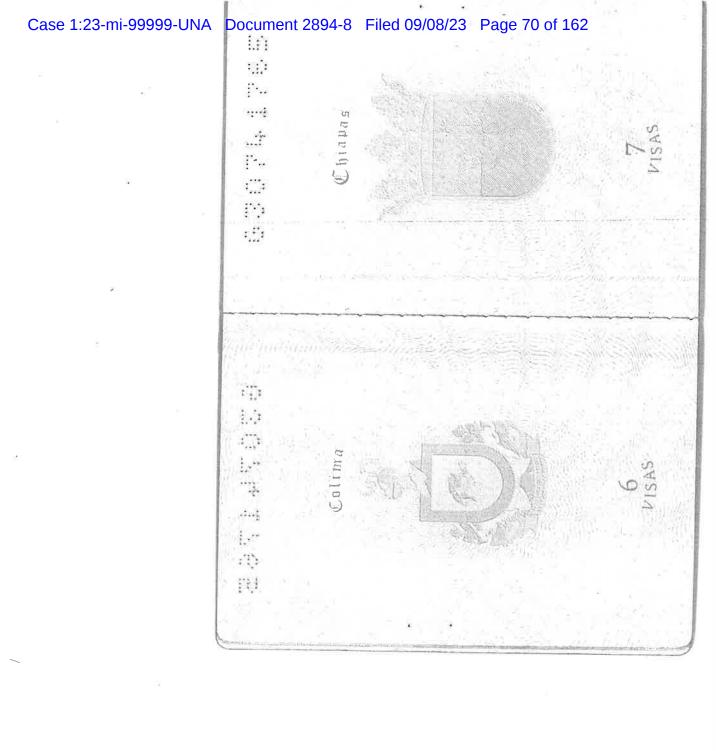


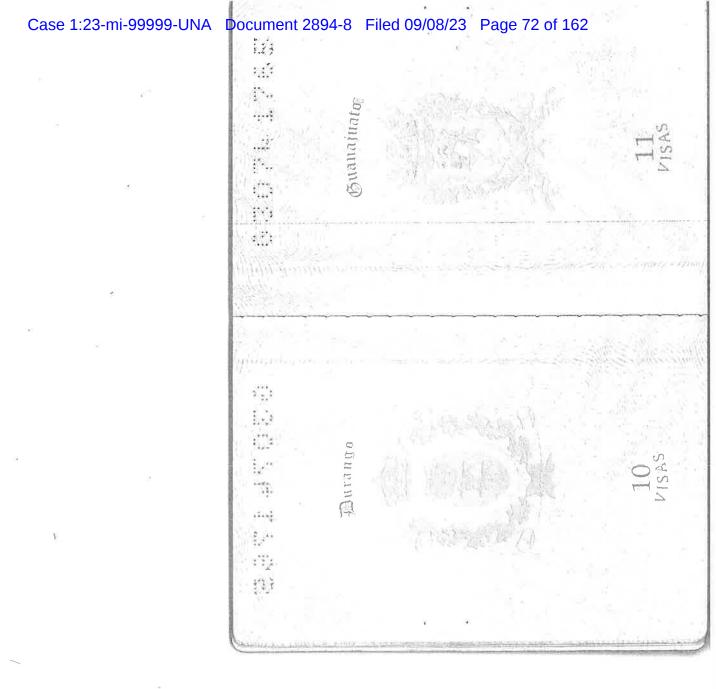


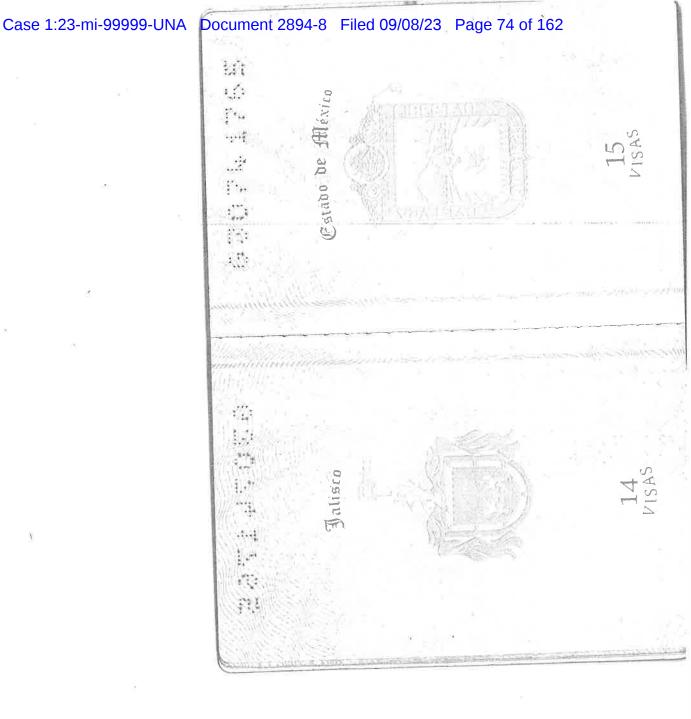




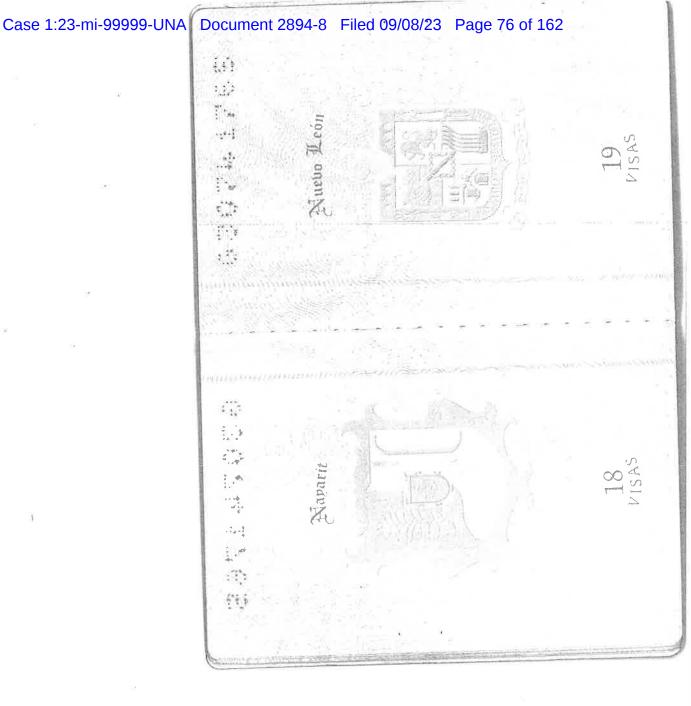
P<MEXPALMA<OZUNA<<LUZ<ADRIANA<<<<<<<< G307417655MEX8112152F2110318<<<<<<<<< Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 69 of 162 :.;> 10 : 134 1 2 5 Campeche ťŢ [1]

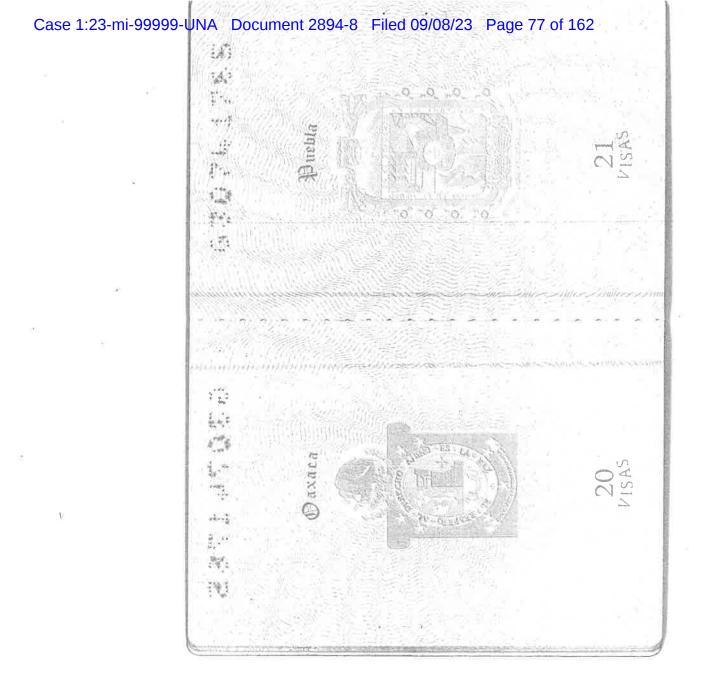




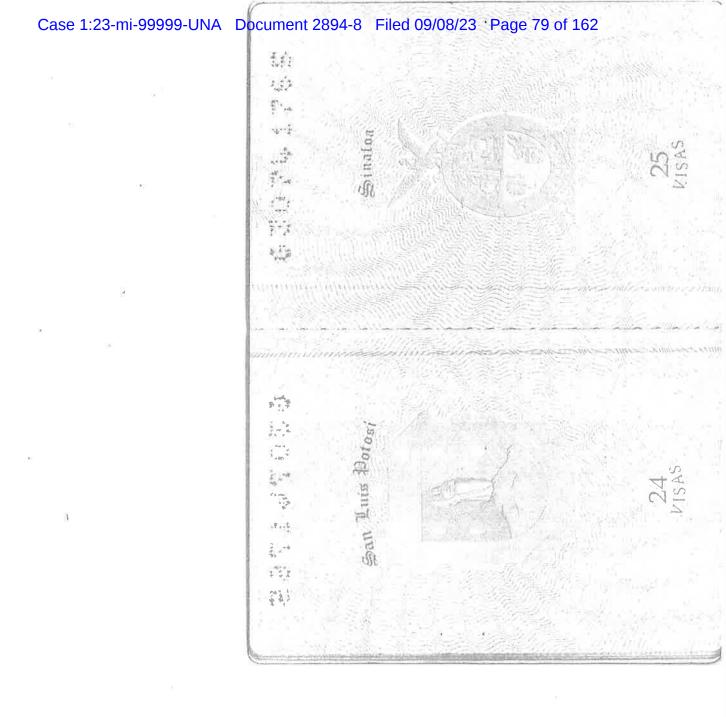


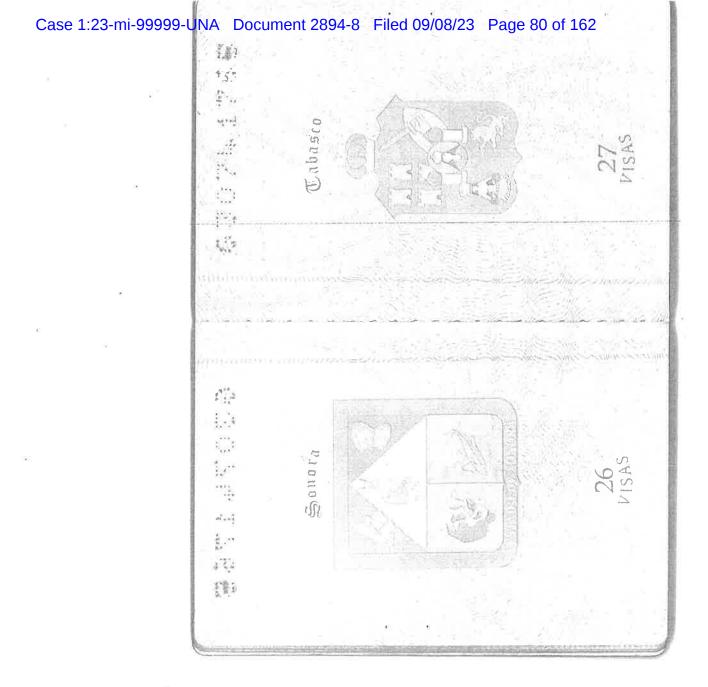


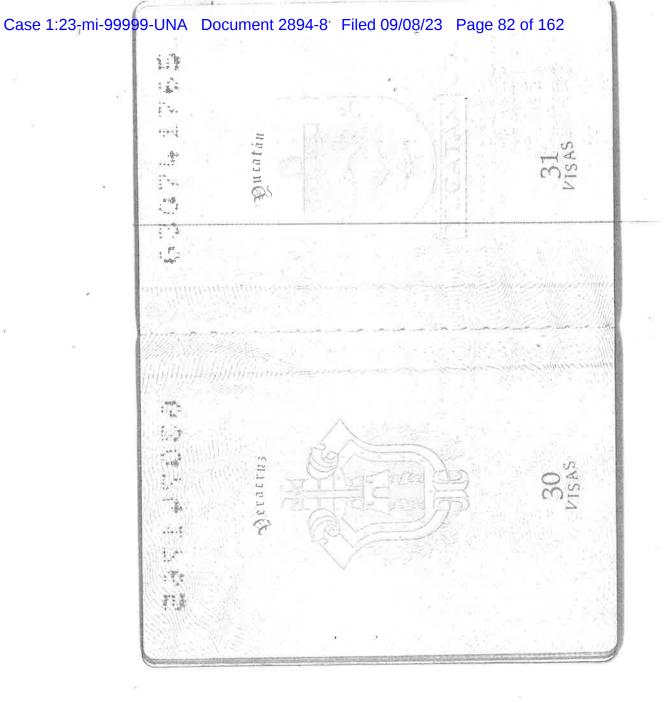
















Page 85 of 162
Identificador Electrónico

12053000120200001164



Número de Certificado de Nacimiento

Entidad de Registro GUERRERO

Municipio de Registro

SAN MARCOS

Oficialla	Fecha de Registro	Libro	Número de Acta		
0001	26/02/2002	1	154		

Estados Unidos Mexicanos Acta de Nacimiento

Datos de la Persona Registrada

JONATHAN

PALMA

OZUNA

Nombre(s):

Primer Apellido

Segundo Apellido:

SAN MARCOS

HOMBRE

18/12/2001

GUERRERO

Sexo:

Fecha de Nacimiento:

Lugar de Nacimiento:

Datos de Filiación de la Persona Registrada

LUZ ADRIANA

PALMA

OZUNA

MEXICANA

Nacionalidad:

CURP:

Nombre(s):

Primer Apellido:

Segundo Apellido:

Macionalidad

Nombre(s):

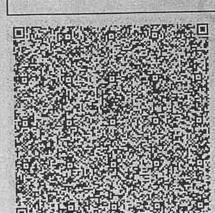
Primer Apellido:

Segundo Apellido:

Nacionalidad:

CURP:

Anotaciones Marginales:	Certificación:
En arquischors marphillos.	Se extiende la presente copia certificada, con fundamento en el articulo 302 del Código Civil de Guerrero; 22 fr. XV de la Ley 495 del Registro Civil de Guerrero; 2 fr. XII del Regiamento de la Ley 495 del Registro Civil de Guerrero y 11 de la Ley Número 874 que regula el uso de la Firma Electrónica Certificada de Guerrero. La Firma Electrónica con la que cuenta es vigente a la fecha de expedición; liene validez jurídica y probatoria de acuerdo a las disposiciones legales en la materia.
	A LOS 29 DÍAS DEL MES DE JUNIO DE 2020 : DOY FE.



Código de Verificación 11205300012002001540

Firma Electrónica:

UE FP Sj AX MT IX OE hH UK Xa TK E0 IE pP TK FU SE FO IF BB TE 18 IE 9a VU 5B ID EX Mj A1 MZ AW MD EY MD AY MD AX NT QW IE 18 MT gV MT IV Mj AW MX XH VU VS UK VS T3 XM VV og QU RS SU FO QS BQ QU XN QS BP



Código QR

Coordinador Técnico del Sistema Estatal del Registro Civil de Guerrero

LIC. LENIN CARBAJAL CABRERA

La presente copia certificada del acta de nacimiento es un extracto del acta que se encuentra en los archivos del Registro Civil correspondiente, la cual se ha expedido con base en las disposiciones.

La presente copia certificada del acta de nacimiento es un extracto del acta que se encuentra en la parte función de la certificada del acta de nacimiento es un extracto del acta que se encuentra en la parte función de la certificada del acta de nacimiento es un extracto del acta que se encuentra en la parte función de la certificada del acta de nacimiento es un extracto del acta que se encuentra en la parte función de la certificada del acta del acta del acta que se encuentra en la parte función del acta que se encuentra en la parte función de la certificada del acta del acta del acta que se encuentra en la parte función del acta que se enc



Latin American Association

Latin American Association

a: 2750 Buford Highway, Atlanta, GA 30324

p: 404.638.1829 w: thelaa.org

CERTIFICATION OF TRANSLATION

I do hereby certify as a qualified translator that I know the English and the Spanish languages and can translate between the two, and that, to the best of my knowledge, this is a true and correct translation from <u>Spanish to English of a Birth Certificate</u>.

This translation reflects the style, grammar and tone of the document(s) presented to the Latin American Association.

The certification of translation is in no way an endorsement of the content, authenticity and/or validity of the document(s) presented for translation.

Any erasures or amendments invalidate the certification of translation.

CERTIFICADO DE TRADUCCIÓN

Certifico por la presente que como traductora calificada sé el idioma inglés y el español y puedo traducir entre ambos idiomas, y que a mi leal entender, la presente es una traducción fiel y exacta del español al inglés de un acta de nacimiento.

Esta traducción refleja el estilo, la gramática y el tono del (de los) documento(s) presentado(s) a la Asociación Latinoamericana.

El certificado de traducción no es de ningún modo una confirmación del contenido, la autenticidad y/o la validez del (de los) documento(s) presentado(s) para traducir.

Cualquier tachadura o enmienda invalida el presente certificado de traducción.

Translator / Traductora - Guisella Pásara	
Sworn to and subscribed before me, on October 25	, 2021.
Jurado y suscrito ante mí, el <u>25 de octobre</u>	de 2021.

Notary Public / Notario Público

PAGE 1089479 (Bar Code)



Electronic Identifier 12053000120200001164

(Bar Code)

Unique Population Registration Code (CURP) PAOJ011218HGRLZNA4

(Bar Code)

United Mexican States

Birth Certificate

Birth Certificate Number

State of Registry **GUERRERO**

Municipality of Registry SAN MARCOS

Office	Registration Date	Book	Certificate Number
0001	02/26/2002	1	154

			0001	02/26/2002	1	154	
W. 1906 . 1500	in the state of th	Registered Child's Data					
JONATHAN		PALMA		OZUNA			
Given Name(s):		First Surname:		Surname:			
MALE Sex:		12/18/2001 Date of Birth:		MARCOS RRERO of Birth:			
			and Child	- 144.3118 = 48	1.021.1.839		
	Fillation	Data of the Registe	erea Unila				
					(Bar Co	de)	
LUZ ADRIANA Given Name(s):	PALMA First Surname:	OZUNA Second Surname:	MEXICA Nationali		CURP:		
					(Bar Co	de)	
Given Name(s):	First Surname:	Second Surname:	Nationali	ty:	CURF	·:	
Marginal Notes:			Certification:				
No marginal notes.			This certified copy is issued p XV of the Law 495 of the Civ Law 495 of the Civil Registry regulates the use of the Cert of the issue date, and it ha provisions on this subject.	il Registry of Guerrero; of Guerrero, and 11 of tified Electronic Signatu	2 section XII of the the Law Number 8 re, This Electronic	e Regulations of the 174 of Guerrero that Signature is valid as	
ON THE 29 TH DAY OF THE MONTH OF JUNE OF 202						020.	
			Electronic Sig	nature:			
	(Alphanumeric sequence)						
					_	QR code	
(QR code)		(Signature)					
	Verification Code 11205300012002001540 (Bar Code)	Technical Coordinator of the State System of the Civil Registry of Guerrero					

This certified copy of the birth certificate is an extract from the certificate filed in the archives of the corresponding Civil Registry. It has been issued based on the applicable legal provisions, whose data can be verified at the following website: https://www.registrocivil.gob.mx/ActaMex/ConsultaFolio.jsp, by using the Electronic Identifier on the upper right side of the certificate. For consulting in mobile devices, download an app to read QR codes.

^[*] Translator's Note:
'LIC.' – An abbreviation for 'Licenciado'a', a term often used in Latin America to denote attorneys or holders of university degrees.

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 88 of 162

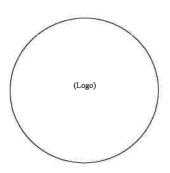
(Reverse side)

(QR code)

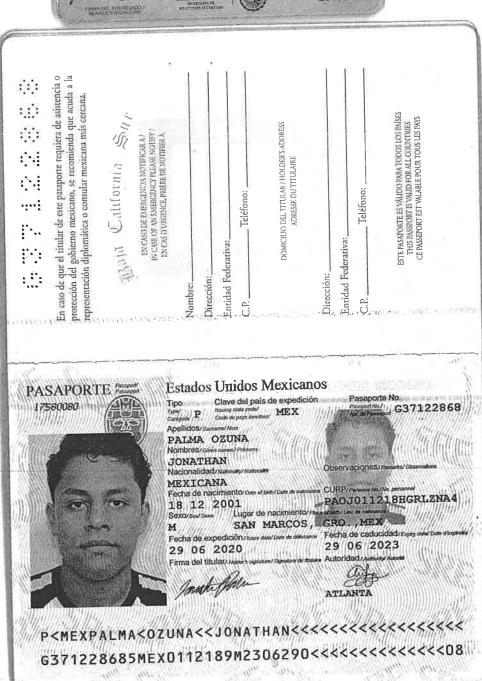


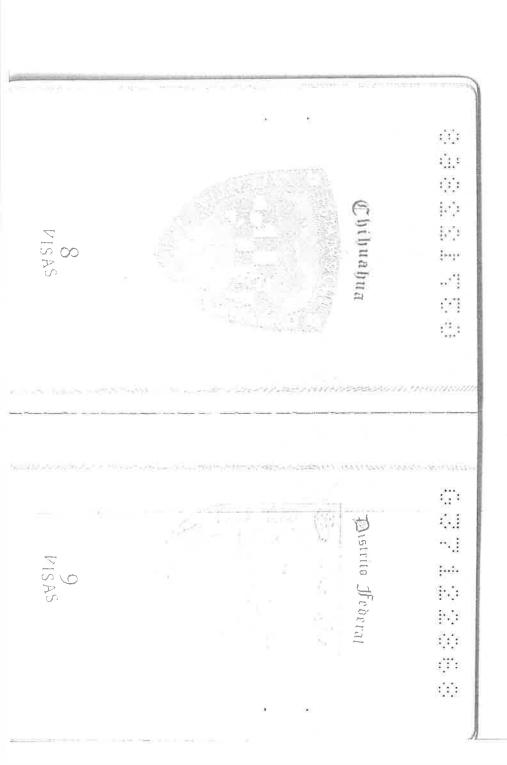
GENERAL DIRECTORATE OF THE NATIONAL REGISTRY OF POPULATION AND PERSONAL IDENTIFICATION

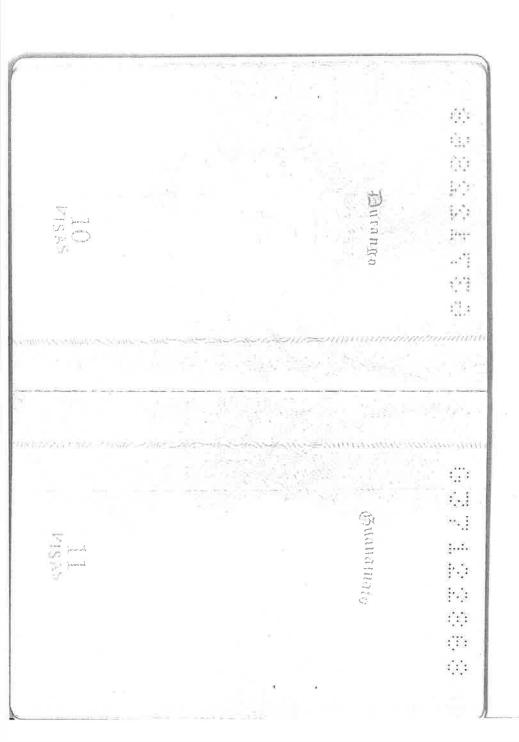


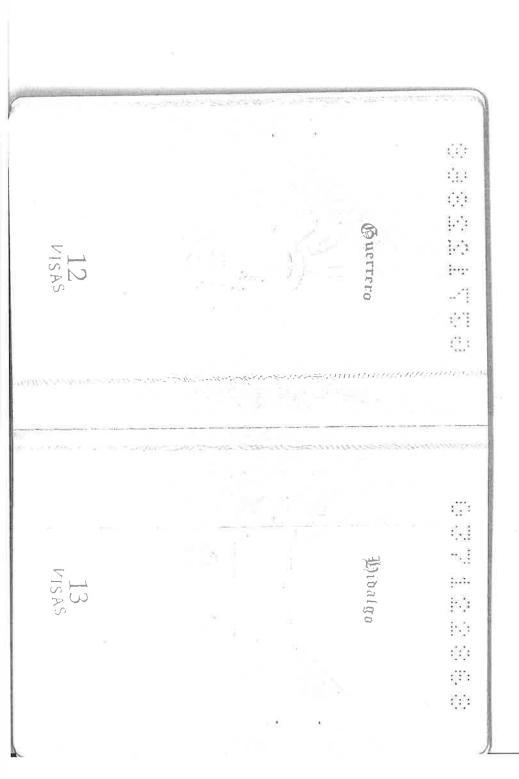


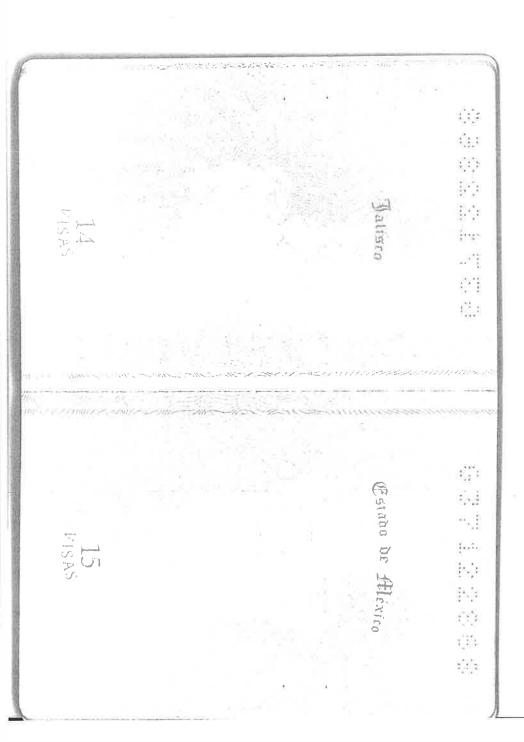


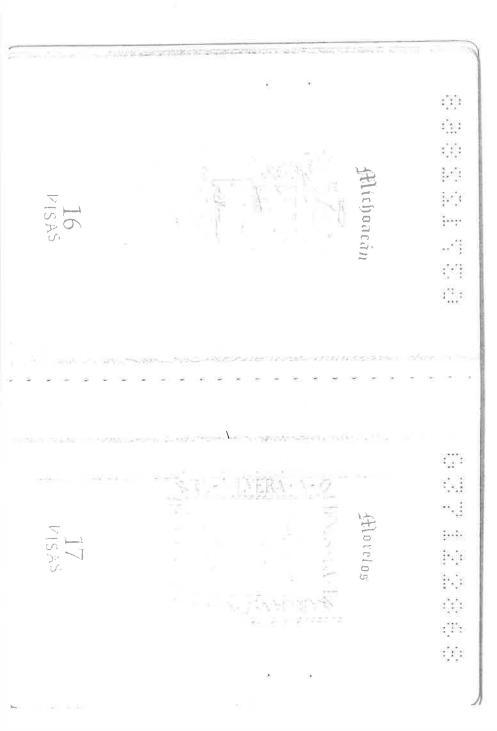


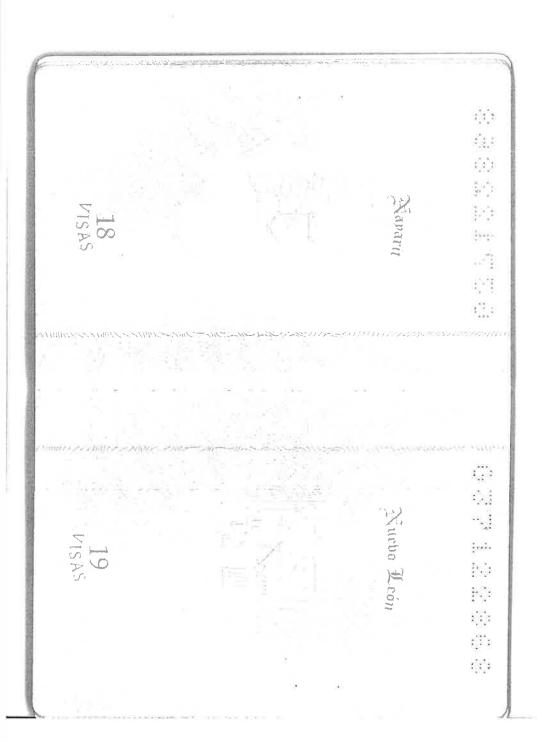


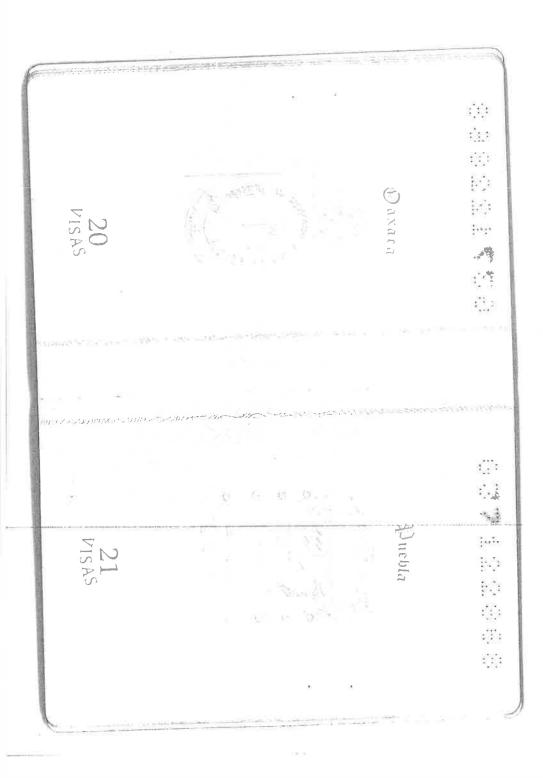


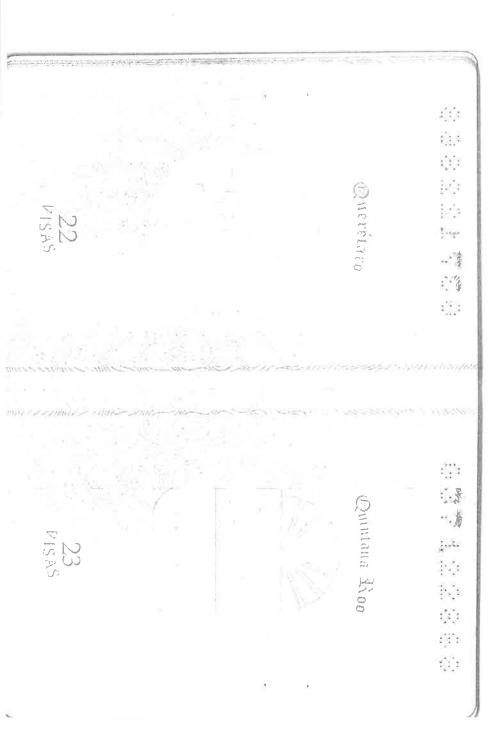


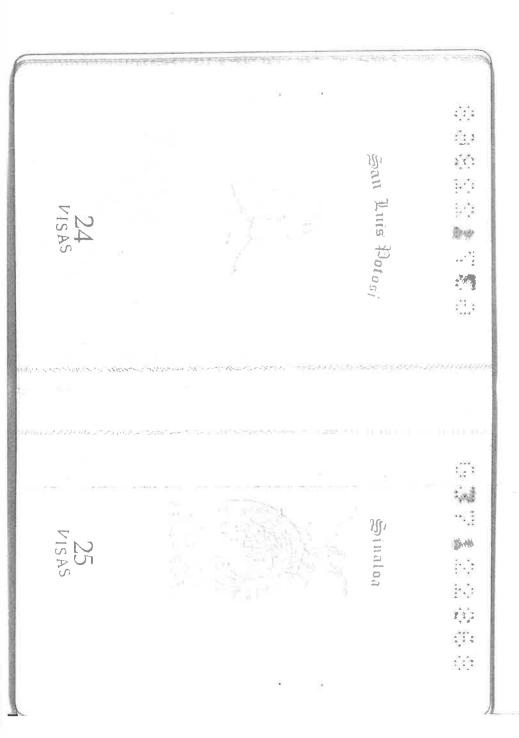


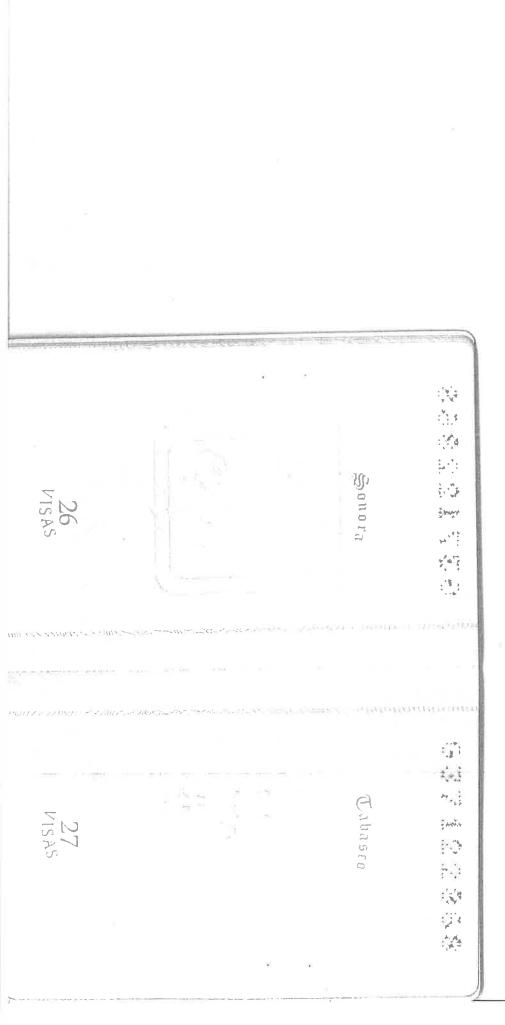


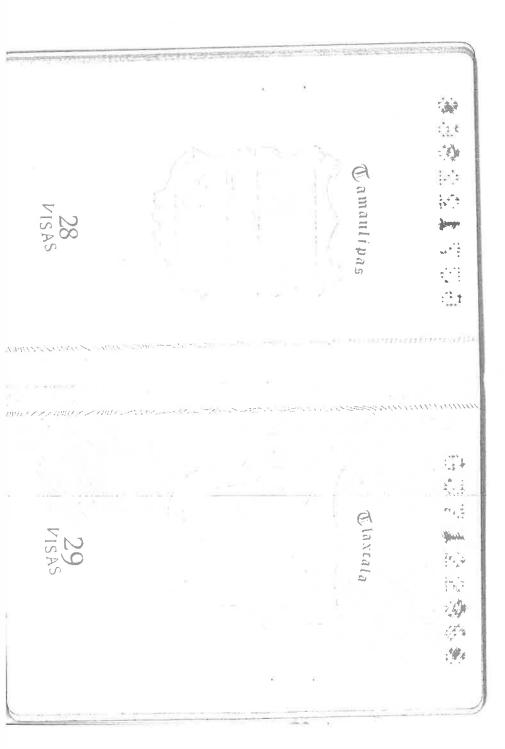


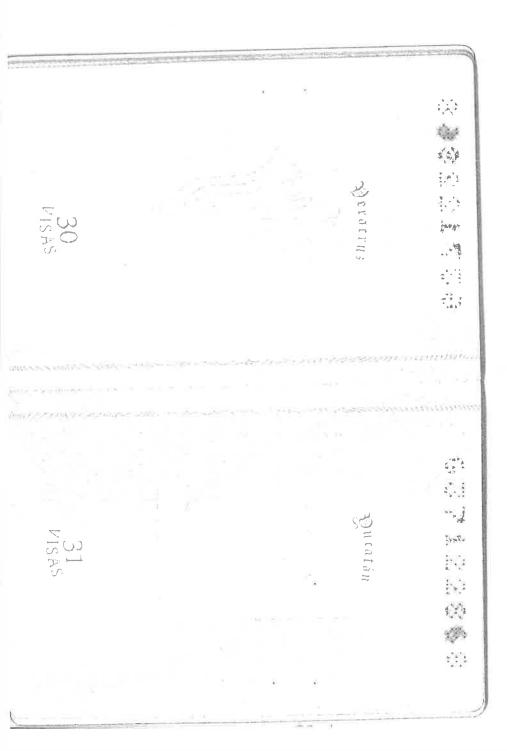












Zacatecas

11/19

1

Este pasaporte será válido por la temporalidad que se indica en la página de datos. Al término de su validez o de que se hayan usado la totalidad de sus páginas, este podrá ser canjeido por uno nuevo presentando el anterior y cumpliendo con los requisitos establecidos en el reglamento para la expedición de pasaporte.

En caso de périida, destrucción ó mutilación del pasaporte su titular deberá comunicar el hecho inmediatamente a las autoridades locales de polícia y las circunstancias en que hubiese ocurrido.

Es nulo si tiene raspaduras, enmendaduras, entrerrengionaduras ó cualquier

Contiene 32 páginus y no podrán agregássele hojas. En caso de accidente o muerte, favor de notificar a la embajada o consulado de México más cercano. This Passport is void if there are any exasures, corrections, interlinings or any other alterations. It contains 32 pages and no extra pages may be added. In the event of accident or death, please notify the mearest Mexican Embassy or Consulate.

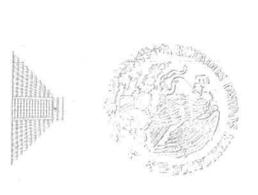
otra alteración,

Ce passeport sera déclaré nul en cas de grattages, corrections, ratures ou quelques sutres alterations. Il contient 32 pages et il ne peut y être ajouté de feuillets supplémentaires. En cas d'accident ou de décès, prière d'en notifier l'ambassade ou le consulant. Moxicuin le plus proche.

VISAS

TIEV-MÉXICO





EOFF

STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH Death Number Local File Number 1. State File Number 2008GA000008147										
2 CHILD'S NAME: FIRST 3.MIDDLE 4.LAST EVELIN ARREDONDO PAI				5.J	R ,III,ETC	6.	Sex (M or F) 7.D/	ATE OF BIRTH (Mo., Day,Year) 01/13/2008	
8, TIME OF BIRTH / 12:55 MILITARY	9. THIS BIRTH (Single, Twin, Triplet SINGLE				Etc.) -10.IF			F NOT SINGLE SPECIFY BIRTH ORDER		
11 CITY, TOWN, OR LOCATION OF BIRTH EAST POINT,				12. HOSPITAL FACILITY NAME (If not Hospital, give street and Number.) SOUTH FULTON MEDICAL CENTER						
13, IF NOT HOSPITAL Specify HOSPITAL				14, COUNTY OF BIRTH FULTON						
15.MOTHER'S NAME FIRST 16. MIDDLE 17. LAS LUZ ADRIANA PA				T ALMA-OZUNA			ATTENDED ON	18. <u>MAIDEN</u> (Last Name) PALMA-OZUNA		
19.DATE OF BIRTH (Month , Day, Year) 12/15/1981	IRTH (Month ,Day,Year) 20.STATE OF BIRTH (If no U.S.A ,Name Country) Mexico			21 <u>RESIDENCE</u> -STATE GEORGIA				120.85	22 COUNTY DEKALB	
23. CITY, TOWN OR LOCATION 24. STREET AND NUMBER OF RESIDENCE 2339 BRAIRCLIFF ROAD APT C										
25 MOTHER'S MAILING ADDRESS 26 RESIDENCE INSIDE CITY LIMITS? (Yes or No.) UNKNOWN							or No)			
27.FATHER'S NAME FIRST 28.MIDDLE 29.LAST,JR., ETC. FILIBERTO ARREDONDO NINO							30.DATE OF BIRTH (Mo.,Day, Year) 04/09/1982		31.STATE OF BIRTH(If not U.S.A., Name Country) Mexico	
32a. INFORMANT'S NAME (Type or Print.) FILIBERTO ARREDONDO NINO FATHER				TO CHILD 33.PARENTS AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER:					ON TO ISSUE THIS	
24 I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature) Electronically signed by				(Yes or No) YES 35. DATE SIGNED (Mo.,Day,Year) (Mo.,Day,Year) (Name) (Name) (Name) (Name) (Name) (Name) (Name) (Name) (Name) (Name)		or Print)				
38. CERTIFIER (Type or Print) (Name) ELOISE P DELAINE (Title) TECH II 000										
41. REGISTRAR (Signature) Electronically signed by /S/ Deborah C. Aderhold		5	A	ATE RECE 0/2008	IVED BY	'STATE	REGISTRA	R (Mo ,Day,	Year)	

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, VITAL RECORDS SERVICE

Form 3901A (Rev. 7-1-92)

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF COMMUNITY HEALTH. THIS CERTIFIED CONY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 290-1-3, DCH RULES AND REGULATIONS.

usal of Vita Records clearly embossed. Chapter 31-10, Code of Georgia as appended. Any reproduction of this document is prohibited by statute. Do not accept unless JUN 14

Registrar

WARNING: 231666

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND, EMBOSSED SEAL AND THERMOCHROMIC INK. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

Form 3972 (Rev 3/10)

IN THE SUPERIOR COURT OF DEKALB COU	D	
STATE OF GEORGIA	PM 4:	17

LUZ ADRIANA PALMA.

Plaintiff,

RK OF SUPERIOR COURT

٧s,

FILE NO.______ 18FM4307

FILIBERTO ARREDONDO.

Defendant,

FINAL JUDGMENT AND DECREE

Upon consideration of this case, upon evidence submitted as provided by law, it is the judgment of the Court that a total divorce be granted, that is to say, a vinculo matrimonii, between the parties to the above stated case upon legal principles.

It is considered, ordered, and decreed by the Court that the marriage contract heretofore entered into between the parties to this case, from and after this date, be and is set aside and dissolved as fully and effectually as if no such contract had ever been made or entered into.

Petitioner and Respondent in the future shall be held and considered as separate and distinct persons altogether unconnected by any nuptial union or civil contract whatsoever and both shall have the right to remarry.

The Agreement between the parties and the Child Support Addendum signed by the plaintiff on April 6, 2018 and by the defendant on April 16, 2018 is incorporated herein by reference and made a part of this Final Judgment and Decree. Each party is ORDERED and directed to comply with the terms and conditions therein.

The costs of these proceedings are taxed against the Plaintiff.

Decree and Order entered this 4th day of JUNE

JUDGE, SUPERIOR COURT OF DEKALB COUNTY

Presented by:

Fredy M. Alvarez, Esquire Attorney for Plaintiff GA Bar #:014160 62-A Lenox Pointe NE, Atlanta, GA 30324 404-841-9117 fredy.alvarez@alvarezlawoffices.com

FILED

IN THE SUPERIOR COURT OF DEKALB COUNTY STATE OF GEORGIA 2018 JUN -4 PM 4: 18

LUZ ADRIANA PALMA Plaintiff/Petitioner		DEKALB COUNTY GA
V.	Civil A Numb	Action 18FM4307
FILIBERTO ARREDONDO Defendant/Respondent		
	CHILD SUPPORT ADDE	NDUM
Pursuant to O.C.G.A. §	19-6-15(c)(2), the Court makes	the following applicable and required
findings.		
1. This addendum is issued	as:	
x a final a tem	porary	
in		
an initial action	a modification action.	
2. The Gross Income of the	Father is <u>2,773.33</u> p	er month. O.C.G.A. § 19-6-15(c)(2)(C).
The Gross Income of the	Mother is a,033.33 p	er month. O.C.G.A. § 19-6-15(c)(2)(C).
3. Is health insurance for the	e child(ren) involved reasonably	available at a reasonable cost to either
parent? Please circle you	ur response: YES (<u>NO</u>)	
If YES, then (Check	if applicable) (a) father,	OR (b) mother, OR (c) both
parents, shall provide acc	ident and sickness insurance f	or the child(ren) for as long as child
support continues. O.C.G	3.A. § 19-6-15(c)(2)(D).	
4. Mother shall pay <u>50</u>	% and Father shall pa	y% of all expenses
Case Management I.O.P. [January 2008]		

Page 1 of 4 pages

incurred for the children's health care (including medical, dental, mental health, hospital and vision care) that are not covered by insurance. The party who incurs such expense shall provide documentation thereof to the other party within fourteen days of said expenditure with a short note explaining the details, the reasons, et cetera, of said expenditure. That other party shall reimburse the incurring party (or pay the health care provider directly) for the appropriate percentage of the expense, within fourteen days after receiving the verification of a particular health care expense. O.C.G.A. § 19-6-15(c)(2)(G).

- 7. a. No Deviation. If NO deviation, please skip the remaining items in item 7 and continue to item 8 to complete this form.
 - b. <u>x</u> Deviation. If DEVIATION, you MUST complete EITHER item 7(b)(i) OR item 7(b)(ii)
 - i. __x__

It has been determined that one or more of the Deviations allowed under O.C.G.A. §19-6-15 applies in this case. *Schedule E* of the *Child Support Worksheet*, docketed separately but simultaneously herewith, explains the

reasons for the deviation, how the application of the guidelines would be unjust or

		inappropriate considering the relative ability of each parent to provide support,
		and how the best interest of the children who are subject to this child support
		determination is served by deviation from the presumptive amount of child
		support.
	OR	
	II.	
	***	The reasons for deviation are:
		The reasons for deviation are:
		·
	:4	The guidelines would be unjust or inappropriate considering the relative ability of
		each parent to provide support because:
		
		The best interest of the children who are subject to this child support
		determination is served by deviation from the presumptive amount of child
		support because:
	×	
8.	Taking into co	nsideration all of the applicable data from the Child Support Worksheet, the award
V .		
		rt which <u>Father</u> shall pay to <u>Mother</u>
		port of the child(ren) is 600.00 dollars per (a) week, OR (b)
	x month, C	DR (c) other period: beginning on the 5th _ day of
Case N	lanagement I.O.P. [J	anuary 2008)

Page 3 of 4 pages

May	, 2018	_, and payable t	hereafter on a	(a) weekly, or
	x (c) monthly	y, or <u>x</u> (d)	other period: on	the 5th day of every month
thereafter	,until the childr	en become 18	years of age, die,	, marry, or otherwise become
emancipated, exc	cept that if the chil	ldren become 1	8 years of age w	nile enrolled in and attending
secondary schoo	l on a full-time bas	sis, then such s	upport shall cont	inue until the children complete
secondary schoo	I provided that suc	ch support shal	I not be required	after the children attain 20
years of age. O.	C.G.A. § 19-6-15((c)(2)(A) and (B).	
So found, this	4th day of	JUDGE		b DeKalb County
Consented to by:				
X /2 Hofming	far	 ,	X Flechers Defendant	to Arredondo
4/6/20	(8		4 /16 Date	12018

22 de Noviembre, 2021

Atlanta, Georgia

Yo, Luz Adriana Palma Ozuna, juro que lo siguiente es verdad:

Nací el 15 de Diciembre de 1981, en Acapulco de Juárez, Guerrero, México. Tuve mi primer hijo en San Marcos, Guerrero, México y mis otros dos hijos nacieron acá en los Estados Unidos,

Vine a los Estados Unidos en agosto del 2003. Soy divorciada, vivo con mis 3 hijos; Jonathan quien tiene 19 años; Axel quien tiene 17 años y Evelin quien tiene 13 años.

En Agosto 25 del 2020, la pareja de mi hermana Guadalupe; acaricio y toco a mi hija Evelin. Esto sucedió en Panamá City, Florida.

Estando acá en Atlanta, mi hermana me pregunto si mi hija quería ir con ellos a la playa porque llevaba a su hija y no quería que estuviera sola.

Yo le pregunte a mi hija si quería ir con su tía y con su prima a la playa, y me respondió que sí. Yo le comenté a mi novio que mi hermana iba para la playa y el me pregunto si quería ir también y fuimos.

Mi hermana se fue con su pareja Manuel, mi sobrina y mi hija Evelin. Mi novio yo, nos hospedamos en el hotel Holiday Inn Express; mi hermana y su pareja y mi sobrina en otro hotel.

El 25 de agosto del 2020 aproximadamente a las 6:02am desperté y lo primero que hice fue mirar mi teléfono y tenia mensajes de mi hija, lo cual rápidamente le hice una video llamada; pero ya tenia mensajes de ella pidiéndome ayuda como "mami estoy llorando ahorita, no se como decirle a mi tía; pero me desperté con Ale y me estaba tocando", "ma tengo mucho miedo, no puedo dormir; y lo iba hacer otra vez pero me moví", "me puede venir a traer? No puedo parar de llorar y no quiero dormir", "mama no se como decirle a mi tía", "mama ya despertaste?". Fueron los mensajes que me envió mi hija, y me envió su ubicación también.

En ese momento hice la video llamada y así mantuve comunicación con mi hija hasta llegar al hotel donde estaba ella llorando muy asustada en pánico. Llegue al lobby del hotel donde se encontraba mi hija, preguntando por la habitación de mi hermana Guadalupe.

Ellos miraron a mi hija en la video llamada que estaba llorando en pánico y llamaron a seguridad, y seguridad llamo a la policía.

Yo le decía a mi hija que no colgara el teléfono, que yo estaba ahí para ayudarla. Llego la policía y fuimos a la habitación, mi hija salió rápidamente en pánico llorando y no para de llorar con mucho miedo. La policía vio a mi hija en la video llamada llorando, histérica. Después nos llevaron a un centro de defensa de protección de niños Gulf Coast Children's Advocacy Center.

Mi hija fue examinada, y le hicieron preguntas de lo que paso, y también le hicieron pruebas del ADN el cual encontraron.

Mi hija esta ahora recibiendo ayuda y tratamiento por el trauma ocasionado. Yo también estoy recibiendo tratamiento por el trauma.

Es muy doloroso y duro para mí, es una situación muy dura y en todo momento cuido a mi hija. Está recibiendo asesoramiento, aconsejado por los servicios para niños.

También pido que por favor me ayudan con la Visa U porque necesito estar legalmente en este país por mi hija. Ella necesita mucho de mi y de su hermano Jonathan.

Por nuestra situación legal, se nos complican muchas cosas. Ella depende mucho de mi y de su hermano.

Toda esta situación no ha sido fácil para mi y para mis hijos, por eso les pido nos ayuden con la Visa U para estar protegiendo a mi hija Evelin.

Luz Adriana Palma Ozuna

EXPIRES

GEORGIA

8/8/2023

PUBLIC

ALB COUNTING

November 22, 2021 Atlanta, Georgia

I, Luz Adriana Palma Ozuna, swear that the following is true:

Born on December 15, 1981, in Acapulco de Juarez, Guerrero, Mexico. I had my first child in San Marcos, Guerrero, Mexico and my other two children were born here in the United States.

I came to the United States in August 2003. I am divorced, I live with my 3 children; Jonathan who is 19 years old, Axel who is 17 years old and Evelin who is 13 years old.

In August 25, 2020, my sister's Guadalupe partner; caressed and touch my daughter Evelin. This happened in Panama City, Florida.

Being here in Atlanta, my sister asked me if my daughter wanted to go with them to the beach because she was taking her daughter and didn't want her to be alone.

I asked my daughter if she wanted to go with her aunt and her cousin to the beach, and I said yes. I told my boyfriend that my sister was going to the beach, and he asked me if I wanted to go too and we went.

My sister left with her partner Manuel, my niece, and my daughter Evelin. My boyfriend, myself, stayed at the Holiday Inn Express hotel, my sister and her partner and my niece at another hotel.

On August 25, 2020 at approximately 6:02am I woke up and the first thing I did was look at my phone and I had messages from my daughter, which I quickly made a video call; but I already had messages from her asking me for help like "mommy I'm crying right now, I don't know how to tell my aunt; but I woke up with Ale and he was touching me", "ma I'm very afraid, I can't sleep; and I was going to do it again but I moved", "can you come and get me? I can't stop crying and I don't want to sleep", "mom I don't know how to tell my aunt", "Mom are you awake?" They were the messages that my daughter sent me, and she sent me her location as well.

At that moment I made the video call and so I maintained communication with my daughter until I reached the hotel where she was crying very scared in panic. I went to the lobby of the hotel where my daughter was, asking for my sister Guadalupe's room. They looked at my daughter in the video Hamada who was crying in a panic and called security, and security calls the police.

I told my daughter not to hang up the phone, that I was there to help her. The police arrived and we went to the room, my daughter left quickly in panic crying and does not stop crying with great fear. The cop saw my daughter in the video call crying, hysterical. We were then taken to a Gulf Coast Children's Advocacy Center.

My daughter was examined, and they asked her questions about what happened, and they also did DNA tests on what they found.

My daughter is now receiving help and treatment for the trauma caused. I'm also getting treatment for trauma.

It was very pain full and hurtful for me, this situation very hard and I am always taking care of my daughter. She is receiving advice, counseling by the services for children.

I also ask that you please help me with the U Visa because I need to be legally in this country for my daughter. She needs me and her brother Jonathan so much. Because of our legal situation, many things are complicated for us. She depends a lot on me and her brother.

This whole situation has not been easy for me and my children, so I ask you to help us with the U Visa to be protecting my daughter Evelin.

CERTIFICATE OF TRANSLATOR'S COMPETENCE

I, Lyanne Vermenton, hereby certify that this is an accurate translation of the attached document in **Spanish** and that I am competent in both **English** and **Spanish** to render such a translation. The foregoing instrument was acknowledged before me this 2nd December of 2021 in Fulton County.

Date: December 2, 2021

Notary Signature
My Commission Expires









Filed 09/08/23 Page 120 of 162 FAMILIES & SCHOOLS

> FAMILY COUNSELING OF COLUMBUS

Date: November 16, 2021

To whom it may concern

This letter is in response to the request for records as it relates to Adriana Luz Palma as a client of Family Counseling of Columbus, a program of The Family Center.

Adriana has been a client of Family Counseling of Columbus since September 10, 2020 at which time she completed her two hour intake process. This client has attended a total of 24 individual sessions as of her last session on November 4, 2021.

The client is currently under my care for "F43.11 Post-traumatic stress disorder acute" in accordance with the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5).

Please do not hesitate in contacting our office if you have any further questions or need further assistance.

Sincerely,

Angel R. Duarte, MA, APC Family Counseling of Columbus **BOARD OF DIRECTORS**

Lori Auten Chair

Mo Scarbrough Vice Chair

Eric Tydings
Treasurer

Chuck Rossi Past Chair

Al Haynes
Public Relation

Darryl G. Carter

Sebastian Dixon

Regina Fernicola

Tricia Griggs

Dr. Kaizad Shroff, MD

BG (Ret) Peter L. Jones

Alston Lyle

Jessica McCullars

Eddie Obleton

Jason Powers

Amber Clark

Steve Rutledge

Angeanette Snell

Todd Bennett CEO



Southern Crescent Sexual Assault and Child Advocacy Center Client Intake Form

- Intake Form
General Information
Client Name: EVELYA Arredondo Calma DOB: 01-13-2008 Parent Name (if under 18): LUZ A Palma DOB: 01-13-2008
Parent Name (if under 18): LUZ A Palma
Address: 412 WIII OUT 1 01/2 DOB: 12-15-1981
City: At and
Cell Phone: 404 2 0401
Cell Phone: 4043949157 Email: Qdv Ganna Ganna State: 6a Zip: 30329 Email: Qdv Ganna Ganna Home Phone: Yes_No Insurance: For data purposes only
Insurance: For data purposes only
2 and only
Emergency Contact
Name: Veronica Heredia Relationship: COUSIN
Previous Counseling
Have you received psychological services in the past? Yes XNo Please list any physical or mental illness or symptoms:
P. O. Box 1788 Jonesboro, GA 30237 O: 770/507/7772 F: 770/573/4112

OUR AGREEMENT TO ENTER INTO A THERAPEUTIC RELATIONSHIP:

I am sincerely looking forward to facilitating you on your journey toward any questions about any part of this document, please ask. Please print indicating that you have read and understand the contents of this "Inform to Treatment" form as well as the "Health Insurance Portability and According Practices" provided to you separately. Your signature also indicate of your relationship with me, and you are authorizing me to begin treatment.	, date, and sign your name below mation, Authorization, and Consen- ountability Act (HIPAA) Notice of ates that you agree to the policies
Client Name (Please Print)	Date
Client Signature	= /
If Applicable:	
Parent's or Legal Guardian's Name (Please Print)	Date
Parent's or Legal Guardian's Signature	
My signature below indicates that I have discussed this form with you are you have regarding this information. Counselor's Signature	nd have answered any questions 9/9/20 Date
	ार्याः व्यापन्ताः

P. O. Box 1788 Jonesboro, GA 30237 O: 770/507/7772 F: 770/573/4112 www.scsac.org

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 123 of 162 CHILD AND ADOLESCENT ASSESSMENT

E Arado 9/9/20 C

ients Name: E Araelo	And the second little	No.
ents Name.	ANSWER	Company of the last of the las
QUESTION	Harry - Aslant MA	<u>Ce</u>
Vhat is your favorite TV show	Julyn- 12 an vieled-	1-2 min
Vhat time do you go to bed	School	3
lave you ever been really sick or hurt that you	no	4
and to go to the hospital Who understands you the most	ver.	1 his out
If you had a magic wand and could change	thin had that hepper	el 1/2 1 the Jano
the second life what would clause	med Mi D	Rilly 6
What is the best thing that ever nappen to	mething but hat report	7
What is the best thing your mom has ever done	styll by my orde.	ne to tie 8 beech.
What is the worst thing that has ever happen w	- V	9
Who hugs you the most	greet cooks	10
What don't you like about yourself		A A 11
One thing i like about myself	not new paper that in	12 12
When I was little, I liked it when	Last n/ my mily of.	13
I feel ashamed when I	The second secon	14
Things would be better if I wasn't so	1 Johns	15
My mother reminds me of	report 5	16
Every time I hear the word "dad" I	Kild of feel soil:	17
I am really great at	making propress	أحياه سامه مردان ويتلب المتستيب
I am scared of	fally from heyn	18
Don't ever call me	noves.	19
If I really thought about it, I'd	get a market mark	20
I am	usually a home dery	green 21
One time when I was sad, I	1) my dan in hed a	Ser 122 aut my
The feeling I have most is	is unelly a hazare	pesse 23
When I'm alone, I think about	cased If a specific this	2 haro-24 inpres
When I go home from school, I like to	draw apa o	me 25

Filed 09/08/23 Page 124 of 162

Symptom items and 7 function items on a scale ranging from 0 (not at all) to 4 (6 or more times a week/severe). The 20 PTSD symptom items are rated on a 5-point scale of frequency and severity from 0 (not at all) to 4 (6 or more times a week /severe). The 7 functioning items are rated on yes/no. The CPSS-SR-5 has excellent internal consistency for total symptom severity (Cronbach's alpha = .924) and good test-retest reliability (r = .800). The CPSS-SR-5 also demonstrates convergent validity with CPSS-I-5 (r = .904), and discriminant validity with the Multidimensional Anxiety Scale (MASC) for Children and Child Depression Inventory (CDI). A cut off score of 31 can be used for identifying a probable PTSD diagnosis in children

Scoring

PTSD severity is determined by totaling the 20 PDS-5 symptom ratings (items 1-20). Scores range from 0-80. The following are clinical guidelines for PTSD symptom severity:

0 - 10 Minimal symptoms

11 - 20 Mild symptoms

21 – 40 Moderate symptoms

41 - 60 Severe symptoms

61 - 80 Very severe symptoms

In addition, a score of 31 can be used as a cutoff point for possible diagnosis of PTSD, with scores between 0 -30 suggesting no diagnosis, and 31 - 80 suggesting possible diagnosis.

The additional seven items that inquire about daily functioning (e.g., relationships with friends, schoolwork) are rated as either absent (0) or present (1) and yield a total impairment severity score ranging from 0 to 7.

known better", "I shouldn't have done that", "I deserved it")

10

4.

5.

6.

7.

8.

9.

10.

					S. 5 7 7 25	
	Not at		- F1000	e a we ss/a li		2 3 4 2 to 3 times a 4 to 5 times a 6 or more times a week/somewhat week/a lot week/almost always
11.	0	1	(2)	3	4	Having strong bad feelings (like fear, anger, guilt, or shame)
12.	0	1	2	3	4	Having much less interest in doing things you used to do
13.	0	1	2	3	4	Not feeling close to your friends or family or not wanting to be around them
14.	, O	1	2	3	4	Trouble having good feelings (like happiness or love) or trouble having any feelings at all
15.	0	1	2	3	4	Getting angry easily (for example, yelling, hitting others, throwing things)
16.	0	1	2	3	4	Doing things that might hurt yourself (for example, taking drugs, drinking alcohol, running away, cutting yourself)
17.	0	Ì	2	3	4	Being very careful or on the lookout for danger (for example, checking to see who is around you and what is around you)
18.	0	1	2	3	4	Being jumpy or easily scared (for example, when someone walks up behind you, when you hear a loud noise)
19,	0	1	2	3	4	Having trouble paying attention (for example, losing track of a story on TV, forgetting what you read, unable to pay attention in class)
20.	0	1	2	3	4	Having trouble falling or staying asleep
		2	1 b	3		15
Have	the pro	blems	above	been	getting i	n the way of these parts of your life IN THE PAST MONTH?
21		YES		N	9	Fun things you want to do

21	YES	NO	Fun things you want to do
22.	YES	NO	Doing your chores
23.	YES	NO	Relationships with your friends
24.	YES	NO	Praying
25.	YES	NO	Schoolwork
26.	YES	NO	Relationships with your family
27.	YES)	NO	Being happy with your life

Name:	2094-8	FI	Date	:	7 2 3 /20
Brief Mood Survey*		How	do YOU fe	el?	How does YOUR CHILD feel?
Instructions. Use checks (<) to indicate how you're feeling. Please answer all the items. How sad do you feel right now?	0-Not at all	1-A little	2-In between	4-Completely	0-Not at all true 2-in between 3-A lot 4-Coppletely
I feel sad and unhappy. I feel like things will never get better.		-	4 4	4	2 2 2 3
3. I'm no good.	**	-			
4. I feel like a loser.	9	\rightarrow		+	
5. I'm not having any fun.	-	-		+	
0 1-5 6-10 11-15 16-20		Tota	1-2	+	
How suicidal have you been feeling recently? 1. Sometimes I wish I were dead.		7018	• -		Total
Sometimes I want to kill or hurt myself.	-			TT	
THAT I O KIN OF HUIT MYSEIT.	-				111
Denocate	17	Total	->	5	Total ->
How anxious do you feel right now? 1. I feel scared.			-	,——	I OUR ST
2. I feel worried.	T	130	-	771	
3. I feel afraid.	4	- a	-		
	30				
0 1-4 5-7 8-9 10-12		lotal -	4		
How angry do you feel right now?					Total -
Tim mau.	1.54	-7		_u==_ks_u/==	1
2. I'm angry.	- 4		1		
3. I'm frustrated.	400				N
0 1-4 5-7 8-9 10-12	變	1_			
	To	otel -	1		Total ->
How shy have you been feeling recently?					
Z. I'm arraid that people will notice that I for I			翻	$\neg \vdash$	1164
3. I often worry that people won't like me because I'm shy.	樂				
0 1 - 4 5 - 7 8 - 9 10 - 12	-			7	
10-12	Tol	tal →	I LI	7-	Total ->
1 We hard		528			/ Total -S
1. It's flatd for me to pay attention					
z. it's hard for me to focus on things	-	*			TICTO
a. it's nard for me to finish my work.	100				
0 1-4 5-7 8-9 10-12	- Aller				
Feeling Imputet	Tota	∻	4	J	Total -
1. I Offen internint people when well is					
- I sometimes have trouble waiting until the		_			
things i'm not supposed to the		-			
0 1-4 5-7 8-9 10-12					
	Total	3		J	Total ->
Feeling Restless If's hard for me to sit still.			5	 (
I often feel restless or squirmy.	N N	W.	1	7	
People often tell me to sit still	ALC: N		-		
0 1-4 5-7 8-9 10-12	À		1	1 -	-+-+

[°] Copyright ⊜ 2010 by David D. Burns, M.D.

WELCOME TO THERAPY!

Therapy is a safe place to help you feel better about upsetting or confusing events that you have experienced. You will get to draw, write, talk, and play! You will learn many important things about: upsetting/confusing events, feelings, relaxation, and how to stay safe. You will also learn a lot about yourself: your thoughts, feelings, actions, strengths, and dreams! Please draw a picture to show how you feel about being here today:

Thed newy approved

Do you have any questions about therapy?

HAVE you ever thought "I am not good enough" or "I will never be able to do this?" Yes. When I struggle with something. These types of thoughts usually make us feel unmotivated, defeated, and streased. It's perfectly normal to think this way sometimes. However, when we think this way most of the time, these thoughts can prevent us from creating the life we want.

negative thoughts

Saying you are able to do it. Bellieving in yourself. And trying not to have as many

Research shows successful people have other types of thoughts more often. If you were to get inside their minds, you would hear something like. I can occomplish anything! and

THESE TYPES OF THOUGHTS FORM A POSITIVE MINDSET AND MAKE US SUCCESSFUL.

By thinking this way, we form strong positive beliefs about ourselves which help us reach our dreams and make us unstoppable!

So let's see what kind of thoughts flow around in your head most often. On a scale of 1-5, with 1 being "you don't agree" and 5 being "you strongly agree", scare yourself.

You generally say negative things about yourself.

1 2 3 4

You have a hard time finding positive things in most situations.

1 2 3 4 5

You think your current lifestyle will limit your success.

1) 2 3 4 5

There's nothing exciting to look forward to in the future.

1 2 3 4 5

You believe you can't really change how intelligent you are.

7 2 3 4 5

Now add up your numbers above and see where you score below.

5 - 10 You've got a pretty positive mindsets

11 - 20 Your thoughts and your mindset might be holding you back.

21 - 25 your negative thoughts really bring you down.

It's natural and healthy to experience a wide range of thoughts and feelings, including less pleasant ones like disappointment, sodness, or guilt. There are no wrong thoughts — some thoughts just don't serve you as well as others.

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 131 of 162

ABOUT YOU

You are a very special person! There are many special things about you and a lot of things you are good at. Please draw or write some of these things:

I'm good at playing vistogenies

Something special about is that I

nave my own personality.

I'm also good at playing basketball

Somethene special about me is

I have my own type of

always of decent of me is

always draw a flower

The corner of theirs

What are some things you like to do for fun? I like to use my phone around play with my guine property of just go take a

ABOUT YOUR FAMILY

What are some things you like about your family? What do you and your family like to do together? Please draw or write some of these things:

"I laive how they are always that a

I get along with them

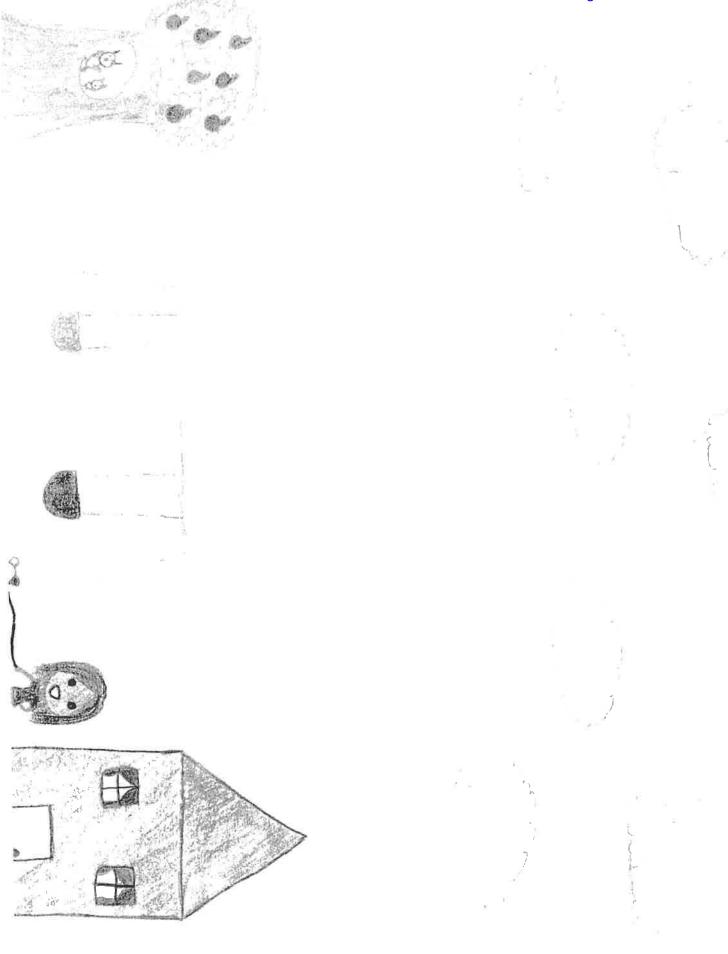
"I lake how my mom as hard and helps me with the the gs I lake

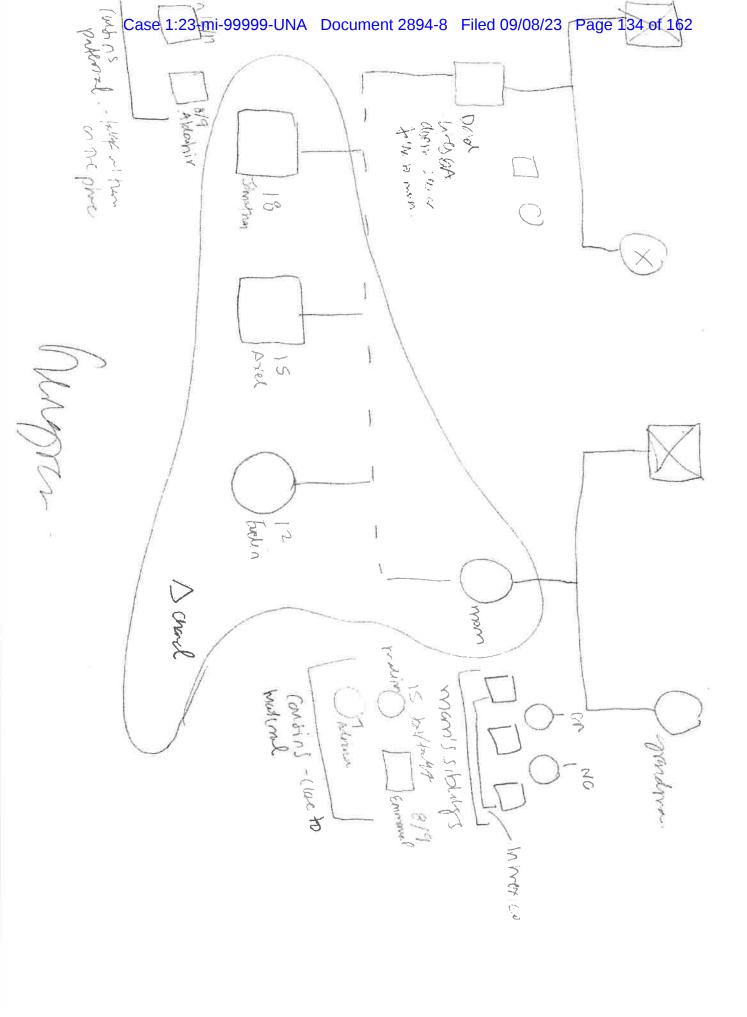
"We 19140 to go out together for example, sextings, the zoo, going for a walk, or out to eat.

" The how they care for

WYC

and can make the laugh





.

.

.

Case Mental Health Maintenance Plan of 162

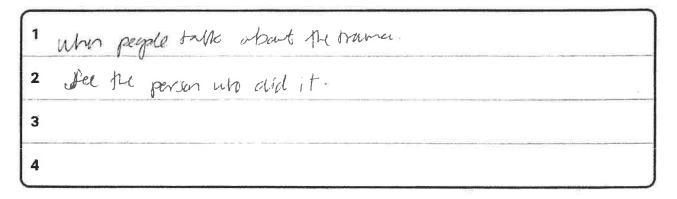
Much like your body requires a balanced diet and exercise to maintain its health, your mental health also needs attention. Maintaining your mental health involves practicing self-care, using coping strategies, and knowing when to seek professional help. Use this worksheet to review your mental health needs and the strategies you can use to maintain wellness.

Spotting Mental Health Risks

Triggers

A trigger is anything that can bring back mental health issues. Triggers can be activities, thoughts, people, places, or things. Once you know your triggers, they can be avoided or managed. List 4 of your triggers.

Tip: In order to avoid triggers, you may need to make changes to your habits, lifestyle, and relationships.



Warning Signs

Warning signs are symptoms—such as thoughts, feelings, and behaviors—that indicate your mental health might be at risk. Examples include sleep issues, social isolation, and stress. List 4 of your warning signs.

Tip: Knowing your warning signs allows you to begin managing symptoms before they become too severe.

1 "not sine"	
2	***
3	
4	

Mental Health Maintenance Plan
Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 136 of 162

Preventing and Dealing with Problems

Self-Care

Self-care activities are the things you do regularly to maintain your mental health. Examples include eating well, exercising, socializing, and engaging in hobbies. List 3 self-care activities you can practice regularly.

Tip: A healthy lifestyle will make you more resilient to stress. Choose self-care activities that can become habits, and a regular part of your day.

1	guinea pigs -spacing-time and typing one of han.
2	sit dans and t-the a rep.
3	combin bord-sweets implie juice.

Coping Strategies

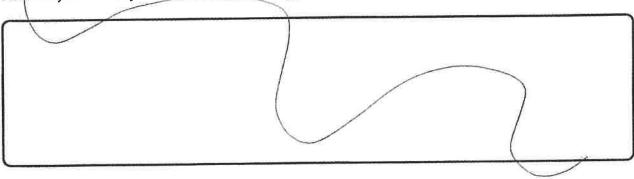
Coping strategies are skills that help you manage problems or symptoms when they arise. Examples include relaxation, communication, and anger management skills. List 3 coping strategies you can use.

Tip: Practice your coping strategies regularly so you are prepared to use them in an emergency.

1	go to sleep with quirea pig 1000
2	take a share to calm down.
3	

Returning to Therapy (on time with now therapist @ SCSAC - CAC.

It's normal to experience problems or uncomfortable emotions, such as sadness, anger, or anxiety. However, when your problems become too intense, or last for too long, you may need professional help. How will you know if you should return to therapy?



Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 137 of 162 Behavior, Intervention, Response, Plan (BIRP) Progress Note

Evelin Arrendo

Tue Sep 29 2020

Medical Record Number:

FA7F-206

DOB:

01/13/2008

Treating Clinician:

Provider:

Southern Crescent Sexual Assault and

Child Advocacy Center & The Bright

House

Requires cosign:

No

Date of Service

9/23/2020

Client Name

Evelin Arrendo

Person(s) Involved Client only

Contact Type face to face

Consumer's overall affect quiet

Client's Progress 1-No progress at all

Behavior

Therapist, Melinda Daugherty met with Evelin Arrendo for individual therapy at SCSAC-CAC offices. Client was quiet, yet cooperative. Client did not maintain eye contact at times. The focus of the session was on completing assessments. Client was oriented to person, place, time, and situation (4x). Client did not display any signs of suicidal or homicidal ideation.

Intervention

Therapist, Melinda Daugherty met with Evelin Arrendo for individual therapy at SCSAC-CAC offices. Therapist utilized active and empathic listening to build therapeutic trust and rapport. Therapist administered Brief Mood Survey and CPSS-V. Therapist engaged client in completing KHTP. Therapist utilized Welcome to Therapy from TF-CBT workbook.

Response

Client completed Brief Mood Survey and CPSS-V. Client identified being touched in a way she didn't like as what bothers her the most when she thinks about it. Client completed KHTP. Client completed Welcome to Therapy page.

Plan

Review KHTP. Continue TF-CBT workbook.

Tue Sep 22 2020

Medical Record Number:

FA7F-206

DOB:

01/13/2008

Treating Clinician:

Provider:

Southern Crescent Sexual Assault and

Child Advocacy Center & The Bright

House

Requires cosign:

No

Client Name

Evelin Arrendo

Date and Time

9/11/2020 9:35:00 AM

Contact Type Email

Comment/Response

Advocate notified counselor that client had an FI completed in Florida.

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 139 of 162 Behavior, Intervention, Response, Plan (BIRP) Progress Note

Evelin Arrendo

Thu Sep 10 2020

Medical Record Number:

FA7F-206

DOB:

01/13/2008

Treating Clinician:

Provider:

Southern Crescent Sexual Assault and

Child Advocacy Center & The Bright

House

Requires

cosign:

No

Date of Service

9/9/2020

Client Name

Evelin Arrendo

Person(s) Involved Client only

Contact Type face to face

Consumer's overall affect sad

Client's Progress 1-No progress at all

Behavior

Therapist, Melinda Daugherty met with Evelin Arrendo for individual therapy at Jonesboro SCSAC-CAC. The client was quiet and tearful throughout the session. The client's mother spoke limited English, so counselor was unable to fully obtain intake information. Client's mother signed informed consent. The focus of the session was on intake. Client was oriented to person, place, time, and situation (4x). Client did not display any signs of suicidal or homicidal ideation.

Intervention

Therapist, Melinda Daugherty met with Evelin Arrendo for individual therapy at Jonesboro SCSAC-CAC. The client was quiet and tearful throughout the session. The client's mother spoke limited English, so counselor was unable to fully obtain intake information. Client's mother signed informed consent. The focus of the session was on intake. Client was oriented to person, place, time, and situation (4x). Client did not display any signs of suicidal or homicidal ideation.

Response

Client reported that she understood trauma as that something bad happened and it stick in someone's head. Client reported that her mother reported that "they" recommended southern crescent for counseling. Client could not verbalize who "they" were. Client could not verbalize if she had a FI or FME. Client became tearful when identifying that worst thing that has happened to her is when she "went to the beach with her auntie." Client completed Child and Adolescent assessment.

Plan Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 140 of 162

Acquire more information from parent utilizing language line and speaking to advocate who filled out referral form.

8

Thu Oct 08 20

Medical Record Number:

FA7F-206

DOB:

01/13/2008

Treating Clinician:

Provider:

Southern Crescent Sexual Assault and

Child Advocacy Center & The Bright

House

Requires

cosign:

No

Date of Service

10/7/2020

Client Name

Evelin Arrendo

Person(s) Involved Parent and Client

Contact Type face to face

Consumer's overall affect quiet

Client's Progress 2-Minor Progress

Behavior

Therapist, Melinda Daugherty, met with Evelin Arrendo for individual therapy at the SCSAC-CAC offices. Evelin's mother was present in the beginning of the session to discuss termination with current therapist and transition to new therapist. Therapist and Client's mother used a language line to aid in interpretation and understanding. Client was soft-spoken, quiet, and closed in body language. The focus of the session was on building therapeutic rapport and termination process. Client was oriented to person, place, time, and situation (4x). Client did not display any signs of suicidal or homicidal ideation.

Intervention

Therapist, Melinda Daugherty, met with Evelin Arrendo for individual therapy at the SCSAC-CAC offices. Therapist utilized active and empathic listening. Therapist informed client and client's mother that counselor will be departing in two weeks. Therapist informed client and client's mother of termination options. Therapist informed client and client's mother of termination options. Therapists provided answers to mother's questions. Therapist processed beginning termination process with client. Therapist normalized client's feelings of termination and transition. Therapist utilized TF-CBT workbook pages, About You and About Family.

Response

Client's motherstate that is a street that is courseling sessions. Client's mother also asked clarifying questions such as the counseling process and time frame for counseling sessions. Client reported that she felt uncomfortable with transitioning to a new counselor. Client completed About You and About Family pages from TF-CBT workbook.

Plan

Transition to new counselor and continue termination process.

Fri Dec 04 2020

Medical Record Number:

FA7F-206

DOB:

01/13/2008

Treating Clinician:

Provider:

Southern Crescent Sexual Assault and

Child Advocacy Center & The Bright

House

Requires cosign:

No

Client Name

Evelin Arrendo

Date and Time

12/4/2020 2:00:13 PM

Contact Type No show for appointment via face to face

Comment/Response

No show for appointment. Messages via Theraplatform

Fri Dec 04 2020

Medical Record Number:

FA7F-206

DOB:

01/13/2008

Treating Clinician:

Provider:

Southern Crescent Sexual Assault and

Child Advocacy Center & The Bright

House

Requires

cosign:

No

Client Name

Evelin Arrendo

Date and Time

12/4/2020 2:00:13 PM

Contact Type No show for appointment via face to face

Comment/Response

No show for appointment. Messages via Theraplatform

Thu Oct 22 2020

Medical Record Number:

FA7F-206

DOB:

01/13/2008

Treating Clinician:

Provider:

Southern Crescent Sexual Assault and

Child Advocacy Center & The Bright

House

Requires

cosign:

No

Date of Service

10/21/2020

Client Name

Evelin Arrendo

Person(s) Involved Client only

Contact Type face to face

Consumer's overall affect quiet

Client's Progress 2-Minor Progress

Behavior

Therapist, Melinda Daugherty, met with Evelin Arrendo for individual therapy at the SCSAC-CAC offices. The client was quiet throughout the session. The focus of the session was on termination and transition. Client was oriented to person, place, time, and situation (4x). Client did not display any signs of suicidal or homicidal ideation.

Intervention

Therapist, Melinda Daugherty, met with Evelin Arrendo for individual therapy at the SCSAC-CAC offices. Therapist utilized active and empathic listening. Therapist utilized mental health maintenance plan to facilitate termination. Therapist instructed client to write a letter to her new therapist to facilitate the transition process.

Response

Client completed mental health maintenance plan. Client could not identify warning signs. Client shared that it would be helpful for her new therapist to know that she prefers a calm environment. Client engaged in writing a letter to her new therapist.

Plan

Termination summary complete. Client will transition to new counselor.

Thu Oct 08 2020

Medical Record Number:

FA7F-206

DOB:

01/13/2008

Treating Clinician:

Provider:

Southern Crescent Sexual Assault and

Child Advocacy Center & The Bright

House

Requires

cosign:

No

Client Name

Evelin Arrendo

Date and Time

10/8/2020 10:37:20 AM

Contact Type Email

Comment/Response

Therapist emailed using google translate regarding the client's mother not receiving emails in theraplatform.

Mon Apr 05 2021

Medical Record Number:

FA7F-206

DOB:

01/13/2008

Treating Clinician:

Provider:

Southern Crescent Sexual Assault and

Child Advocacy Center & The Bright

House

Requires cosign:

No

Date of Service

4/5/2021

Client Name

Evelyn Arrendo

Person(s) Involved Client only

Contact Type Tele-therapy through platform

Consumer's overall affect calm

Client's Progress 3-Partial/Moderate Progress

Behavior

Therapist, Gabrielle Waters, LPC met Evelyn for individual therapy via theraplatform. She was calm and timid when completing assertive communication techniques. She was coherent and alert, however shyed away from the camera often. She did not display any sucicidal or homicidal ideation.

Intervention

Therapist, Gabrielle Waters, LPC met Evelyn for individual therapy via theraplatform. Therapist began by reviewing previous session with client's parent. Therapist explained about her upcoming court appearance and asked how does she feel about it. Therapist then completed assertive communication technique worksheet with client. Therapist modeled assertive communication techniques and then prompted client to practice "I statements with feelings." Therapist then role played assertive communication techniques. Therapist concluded by completing a grounding exercise to assist "lam" positive affirmations to assist with decreasing negative thoughts by replacing with positive affirmations.

Response

She began by stating that the person to twe report the conversation that the poster had with the rapist about her upcoming court case. She stated that she is not aware of the court appearance and she does not know what to say. She then went through assertive communication worksheet. She stated that it is hard to say what she wants and needs. She then practiced assertive communication. She was aware of her difficulties with speaking up for herself. She then completed the gorunding exercise. She drew fireworks while she listened to the music "I am" she stated, "I am powerful. I am Strong. I am unque. I am my own person. "She drew pictures showing those things.

Plan

She will return for session with 7-14 days.

Case 1:23-mi-99999-UNA Document 2894-8 Filed 09/08/23 Page 149 of 162 Behavior, Intervention, Response, Plan (BIRP) Progress Note

Evelin Arrendo

Mon Aug 23 2021

小型原作的

742

Medical Record Number:

FA7F-206

DOB:

01/13/2008

Treating Clinician:

Provider:

Southern Crescent Sexual Assault and

Child Advocacy Center & The Bright

House

Requires

cosign:

No

Date of Service

8/23/2021

Client Name

Evelyn Arrendo

Person(s) Involved Client only

Contact Type Tele-therapy through platform

Consumer's overall affect happy

Client's Progress 3-Partial/Moderate Progress

B ehavior

Therapist, Gabrielle Waters, LPC met with Evelin for individual therapy via HIPPA compliant platform. She described being Joyful and happy. She did not display any signs of suicidal ideation.

Intervention

Therapist, Gabrielle Waters, LPC

Response

Look at attachment for Big Life Journal Chpt. 1.

Plan

She will return for session with 7-14 days.

LEARNING ABOUT TRAUMA

We all experience stress. School can be stressful. Arguments with friends and family can be stressful. Those are normal types of stressors. Sometimes things happen that go way beyond normal stress. Extremely stressful events are known as traumas. Traumas are usually situations where someone was abused, hurt or killed or thought they could have been. Traumas can cause a lot of feelings including being confused, terrified, overwhelmed, helpless, angry, and/or numb. When faced with a trauma, you go into survival mode and use survival responses like fight, flight, or freeze. When you experience trauma, especially over and over again, you can get "stuck" in survival mode. It can be hard to feel safe. You may feel out of control or that life is out of control. It can be hard to trust people or get close to people. You may get into a lot of conflict and drama with the people around you. You can also start feeling like nobody cares about you. Therapy helps teens overcome these kinds of distressing thoughts and feelings and enjoy life and relationships with others more.

What are some ways this fits your experience?

I guess there where so many overhiveming feelings, and through out it and confusing parts to it. I guess it makes me over think more than usual. I guess throughout, at first with my mom it was rocky. But it is getting better.

TYPES OF TRAUMA

There are different kinds of traumas. Let's focus on the traumatic event(s) that you have experienced. Your therapist will help you answer some common questions teens have about trauma, or you can create your own questions. If you have experienced more than one type of trauma, you can use more than one page.

- what is it called? I quess, sexual abuse
- What does that mean? Sexual buse means that someone gets touched or raped. When the other person does things to them when hey do & who does this happen to? Young people, teens, amle and female. Not want them to do anything to them.
 - Do a lot of teens experience this? I think so, I think that there are people who have not spoken up about it.
- Why does this happen? I guess think it happens because teens and and young people are easier target. Young people are easier to manipulate They think that they can scare you into not telling.

How do teens react when this happens to them? I think some of the things that happen is get scared when it happens.

Create your own questions here:

1.

2.

3.

HOW DOES TRAUMA AFFECT YOU?

Many teens have upsetting memories or dreams about their trauma(s). Some teens feel "on edge" or nervous or angry. After trauma, a lot of teens watch out for danger and worry about bad things happening. Many teens have trouble sleeping and concentrating in school. Some teens feel like they don't want to talk about or think about the trauma(s), but trauma memories pop into their minds anyway. They may have troubling thoughts and feelings about the trauma (like "I did something wrong" or feeling depressed). When something reminds them of the trauma(s), teens may feel overwhelmed, like the trauma is happening all over again. They may feel out of control and react in extreme ways. Some teens may feel empty and numb, like they can't feel anything at all. After trauma, some teens feel like things aren't real or they might feel disconnected: from themselves and their own bodies. They may use drugs or alcohol, fighting, sex, cutting, overeating or running away to try to deal with their trauma reactions and/or distressing feelings.

Which of these reactions do you relate to?

I guess I am more careful of my surroundings. Of course start to over think and stuff. I start getting uncomfortable, like...you know. The uncomfortable feeling is feeling very fidgety and anxious. I worry a little more about things.

DEALING WITH TRAUMA REMINDERS

Trauma reminders are things that remind you about the trauma(s). They can include certain places, situations, people, words, sounds, smells, sensations, or days of the year that remind you of the trauma(s) but are not actually dangerous. When you experience these reminders, you may feel unsafe or as if you were living through the trauma(s) over again. You may find yourself engaging in behaviors that don't fit the situation or get you in trouble with others. You might also avoid anything associated with the trauma reminder. This can get in the way of your life and the things you like to do. At times you may have strong emotional reactions to situations that seem unrelated to prior traumatic experiences. But once you are aware of your possible reminders, you can use coping and relaxation skills to manage your emotional reactions better. Your therapist and other support people can also help you take small steps to be able to face situations that remind you of your traumas in a safe way so that you don't have to keep avoiding them. Please write down or tell your therapist about a few of your trauma reminders below.

I do not think I have any trauma reminders. I just think of the place which is in the hotel. The specific hotel. When I am sleeping and they try to wake me up and they shake me. I get really jumpy and stuff.

GAAPDOOOO GAAPDOOOO Citation Number Citation Number	Type (Uay) (Yri) at :: State Endorsements Expires No. (Rick) (Middle) (Rick)	Hay Make Hay Make To Accident Tyes The No Denvier Requested Accudents Georgia, did commit the following offeras Calibration/Chect Calibrat	Lode Settlen State Law	Wet Blacktop Discourse Blacktop Discourse Disc	vr. Vr. at ———————————————————————————————————	62 Citation Number
8273	Expires Claude Number CE at 3 SE CINON I — VIOLATION CRECTION	State	SE: (Other than above) SE: (Other than above) Code Section Code Secti	Concrete Light Concrete Light Commercial Violation Daylight Commercial Violation Daylight Concrete Light Concrete Light Concrete	court to answer this charge on the	A 28827 Citation Number

SECTION 1 - VIOLATOR

ROAD (B)

Concrete
(C) Blacktop

Dir NOTICE: This clation shall constitute official notice this clation to dispose of the clad charges egain number to the Department of Divider Servicis, and 40-5-59). The suspension shall remain in effect us court notifies the Department of Driver Services. LICENSE DISPLAYED IN LEU OF BAIL. SIGNATURE ADKNOWLEDGES SERVICIS. You are hereby ordered to appear in co ATLANTA AT 150 GARNETT STREET - Assignment 2d Officer Name (Print) APD ID No. Officer Name (Brint) APD ID No. Y و ا VIOLATORY COPY CRTR7226

Case 1:23-mi-99999-UNA Document of ATLANTA GAOGOOSIJ Page 156 of 162

PHONE #

- FAX #

WEBSITE: municourt@atlantaga.gov

Date: 01/09/2012 Citation: 4288269

Case Number: 11TR149503

Receipt: 1038827

DEFENDANT: PALMA-OZUNA, LUZ ADRIANA

ID Number:

RECEIVED FROM:

PALMA-OZUNA, LUZ ADRIANA

2501

ATLANTA

BRIARCLIFF RD#C

GA 30329

ON BEHALF OF:

PALMA-OZUNA, LUZ ADRIANA

PAYMENT FOR:

BASE FINE

Charge #1: FAIL TO OBEY TRAF CTRL DEVICE Receipt:

BASE FINE-TRAFFIC (\$101.00 AND GREATER)

Charge #2: NO DRIVERS LICENSE Receipt: 1038827 Date:

BASE COSTS

Charge #1: FAIL TO OBEY TRAF CTRL DEVICE Receipt:

BASE SURCHARGES (TRAFFIC)

Charge #1: FAIL TO OBEY TRAF CTRL DEVICE Receipt:

PEACE OFFICER AND PROSECUTOR TRAINING FUND

Charge #1: FAIL TO OBEY TRAF CTRL DEVICE Receipt:

BASE COSTS

Charge #2: NO DRIVERS LICENSE Receipt: 1038827 Date:

200.00

3.00

THILOMA

132.00

116.20

33.20

3.00

PAYMENT TYPE:

CASH -

RECEIPT TOTAL:

CHANGE:

3ALANCE DUE

COMMENTS:

JEXT PAYMENT DATE: COURT RETURN DATE:

JEXT APPEARANCE DATE:

JUDGE:

GOCATION:

REFERENCE NUMBER

AMOUNT PAID

487.40

487.40

0.00

0.00

OPERATOR: TFOWLER

RECEIPT LOCATION: CASHIER

DEPT:

NEXT PAYMENT AMOUNT:

grand on 1997	FULTON COUNTY JAII CASH RECEIPT	1	No.	13003
ecceived of Sugara	Palma GENT NAME	222	Receipt	fo
Two thruband from I	rundu Jaleten	Retution Cempt Pration Gr	C	dollars in payment for
Probation Officer Identification No.		CNo.	~~~	~
SIGNATURE OF SU		RECE	IVED BY SU	PERVISOR



You have been selected to participate in the Pretrial Diversion Program for your case in Fulton County State Court. The Solicitor General's Office has referred your file to Judicial Correction Services, Inc. for supervision.

The Pretrial Diversion Program is a special privilege. You are assigned a program to complete and once it has been completed successfully, your case will be closed and returned to the Solicitor General's Office. You can then apply for your record to be expunged.

You have been scheduled to report to our office on 8-10-10, at 10:00 AM. The Pretrial Diversion Program will be explained at this appointment which usually takes 15-20 minutes. Please bring \$33 with you (cash or money order only).

Our office is located at **34 Peachtree Street**, **Suite 1000**, **Atlanta**, **Georgia 30303**. The office is across from Woodruff Park and just north of the 5 Points Marta Station and the Underground.

It is very important you keep your appointment and get your program started. If you have already completed your conditions, please bring documentation with you. If you fail to keep your appointment or contact this office, your case will be returned to the Solicitor General's office as ineligible and a court date will be scheduled.

You may call Ms. Walker with any questions at 404-591-3180.

We look forward to working with you and helping you complete the program successfully.

Sincerely,

Pretrial Diversion Officer

N. STOKES

Judicial Correction Services, Inc. 34 Peachtree St, Suite 1000 Atlanta, GA 30303



Case 159999-UNA Document 2894-8 Filed 09/08/23 Page 159 of 162 FULTON COUNTY SHERIFF'S OFFICE

Theodore Jackson Sheriff

Cash Bond Refund Notice

	1) 10 . \	
	Date: 1 - 2 - 10 Case Number: S & 45A 6	14 1
	Court of Fulton County State vs. W12 A. PAMA-	No.
		UZI
	To the Cashier of Fulton County Sheriff's Office: You are hereby authorized to refund a cash bond in the amount of \$ \frac{1}{2} \frac{1}	
	You are hereby authorized to refund a cash bond in the amount of \$less 10% of the total for the bond fee.	
#	The above case was completed by: Dead Docket Nol Prossed Dismissed Date 1/12/10	
/	Sentence Fine \$	
	Instructions for disbursement of refund: I would like to pick up my check in person.	_!
	I would like	
	I would like my check mailed to the address on my ID.	
	I would like my check mailed to the address I have specified below: (HO4)612-00	Y
	(1104)1/12-00	6/1
29	*******************	
	Surety Signature (notarize if mailed) Date Telephone	7
	Juan 2 Cintron 11/12/10 (404)423-221	73
	Bond Administrator Asst. Bond Administrator Prepared By	1
	1/1/20	
Ī-	***************	
	, received check#in the total	
1	for a cash bond refund for	
1	and received on behalf of	
3= T	By signing below I am in agreement with the above statement.	
	cipient/Surety: Date:	
L	tness: Date:	



OFFICE OF THE SOLICITOR GENERAL

Carmen D. Smith

160 Pryor Street, Atlanta Georgia 30303 (404) 730-4800

NOTICE TO REFUND CASH BOND

State V.	File/Case No. SF-450 U5-1 Booking No. 1011 189 Receipt No. 13005
Defendant.	
To the Sheriff of Fulton County, Georgia:	
The defendant in the above-styled case <u>may</u> be payment in an amount to be determined by the research of the records, the above referenced c	Sheriff's Department. According to our
NOD (Not on Docket) Dead Docket on	or other disposition(Please Specify)
	By: Assistant Solicitor-General
	Sworn and subscribed before me on This 12 day of 109 V, 2010. Muhsmah Hassan Notary Public
	My commission expires: MY COMMISSION EXPIRES ON THE 27th DAY OF AUGUST 2014



Pretrial Diversion Program Information

Being selected to participate in pretrial diversion is a special privilege. You have a program to complete based on the charges you were arrested for. Once you have completed the assigned program successfully, your case will be closed and taken back to the Solicitor General's office. You can then fill out an application to expunge your record.

You will have a monthly supervision fee of \$33 until you complete the assigned program. You are required to report to us at least once a month until you complete your program.

Your	assign	ed program:
		Restorative Justice Class \$65 class fee
	-	Substance Abuse Monitoring \$15/test (minimum of 4 months)
		AA meeting attendance – 2 meetings per week for first 60 days (minimum of 4 months)
		Domestic Violence Intervention (24 weeks
	X	Anger Control Workshop
		Youthful Offender Workshop \$65 class fee
		Shoplifting Workshop \$65 class fee
		Financial Management \$65 class fee
		Community Service Work \$15 insurance fee per every 40 hours
		hours assigned
		Sexual Deviancy Counseling
	<u>. </u>	Alcohol/Drug Evaluation & Counseling, if recommended
		Psychological Evaluation & Counseling, if recommended
		Restitution of \$
		Hispanic/Foreign Language Counseling Program
		Other:

Pretrial Diversion Officer

N. STOKES

^{***} Prices if classes are taken at JCS, Inc. If you are required to complete Domestic Violence counseling or Anger Management, you can take it at any state certified program provided you bring proof of attendance.

 $^{{}^{\}star}$ If you fail to complete the program, your case will be rejected & returned to the Solicitor General's office for prosecution.

OFFICE OF THE SOLICITOR GENERAL

CARMEN D. SMITH Solicitor General State Court of Fulton County



Carnes Justice Center Building Suite J-301 160 Pryor Street, s.w. Atlanta, Georgia 30303-3477

(404) 730-4800 FAX (404) 7307121

RE: Closed file on State v. Charge (s):

To Whom It May Concern:

The Solicitor General of the State Court of Fulton County prosecutes misdemeanor charges and county ordinance violations. We decided not to prosecute the above-styled case and closed our file by marking it NOD (Not on Docket i.e. dismissed) on . In other words, no formal misdemeanor charge or charges will be filed by this office in the State Court of Fulton County. This matter is closed.

Sincerely,

Assistant Solicitor General

Sworn and subscribed before me On this 12 day of NOY.

MY COMMISSION EXPIRES ON THE 27th DAY OF AUGUST 2014